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STATEMENT OF PURPOSE

The San Diego Psychoanalytic Center (SDPC), a component institute and Society of the American Psychoanalytic Association, seeks to provide excellent psychoanalytic education to mental health professionals and selected educators and professionals from other fields. The Center offers two intensive programs in psychoanalytic education, one for training in the practice of psychoanalysis and one for training in advanced psychoanalytic psychotherapy. It also fosters the collegial exchange of knowledge and ideas amongst its members and invited guests. The Center offers numerous outreach activities aimed at bringing psychoanalysis to the professional community and to the public.

In this manual, various aspects of the adult and the child/adolescent educational programs for training to become a psychoanalyst are reviewed in detail. Graduate psychoanalysts from SDPC are eligible for full membership in the American Psychoanalytic Association and the International Psychoanalytic Association, as well as being eligible for certification in psychoanalysis by the American Psychoanalytic Association. This manual is intended to provide clinical associates¹ with answers to most of the questions that will arise during the normal course of psychoanalytic training.
HISTORY OF THE SOCIETY AND INSTITUTE

Prior to the 1960's, there was no formal organization of psychoanalysis in the San Diego area. In 1962, a study group was organized by the several practicing psychoanalysts in the community with the goal of scientific study and professional development. In 1966, this group formally constituted itself as the San Diego Psychoanalytic Foundation. Two years later, San Diego psychoanalysts joined with representatives from the Los Angeles Psychoanalytic Institute and the Southern California Psychoanalytic Institute to form a joint committee authorized by the American Psychoanalytic Association to develop the San Diego Psychoanalytic Training Institute. Beginning in these early days, a major contributor to the development of SDPC who was not a psychoanalyst was E.M. (Manny) Lippett, though he was made an honorary member of the American Psychoanalytic Association for his significant participation. Amongst his contributions, in 1975 he facilitated the creation of the Hannah Fenichel Center for Child Development, a psychoanalytically oriented preschool affiliated with SDPC.

Over time, several dozen psychoanalysts trained at many Institutes relocated to San Diego and became the initial faculty. Formal course work began in 1970, and in December 1974, the Training Institute was provisionally accredited by the American Psychoanalytic Association as one of 23 Institutes recognized by that organization. At that time, the joint committee turned over the reins to the newly formed San Diego Psychoanalytic Institute which operated the Training School and which received full accreditation in December 1977. Since that time it has participated through elected Fellows in the organization's Board of Professional Standards, which functions to establish procedures and maintain the highest standards of psychoanalytic education in all component Institutes. The SDPC has currently graduated 541 clinical associates to join the ranks of the other practicing psychoanalysts in the community. Gradually, analysts trained here in San Diego have taken over faculty functions and leadership positions.

In 1973, the San Diego Psychoanalytic Society was accredited by the American Psychoanalytic Association and is now one of the 40 constituent Societies. It participates through elected Councillors in the governing body of the American Psychoanalytic Association, which is a regional organization of the International Psychoanalytical Association. In 1985 SDPC initiated a program for training in psychoanalytic psychotherapy, and 45 therapists have graduated since its inception. In 1989, the San Diego Psychoanalytic Society and the San Diego Psychoanalytic Institute were merged into a combined organization, The San Diego Psychoanalytic Center.

A copy of the bylaws of the SDPC is found in Appendix C. All faculty and clinical associates are expected to have read the bylaws and must sign an authorization form, agreeing to comply with their content and intent.

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1 As of August 2004. See Appendix A for a list of the graduates from the Adult Psychoanalytic Training Program and a list of all the graduates from the Child and Adolescent Psychoanalytic Program.

2 As of August 2004. See Appendix B. for a list of the graduates from the Psychoanalytic Psychotherapy Program.
ADULT PSYCHOANALYTIC TRAINING PROGRAM

Principles and standards of psychoanalytic education are developed in conjunction with the Board on Professional Standards of the American Psychoanalytic Association in order to promote the highest quality of psychoanalytic education. These principles and standards reflect a model of psychoanalytic education, which is thought to provide the best opportunity for all graduates to develop a basic psychoanalytic identity and to achieve the highest possible level of proficiency in the clinical application of psychoanalytic methodology.

Psychoanalysis is a body of knowledge about the development and functioning of the human mind, including conscious and unconscious mental processes. It is also a method of research to advance the understanding of the human mind, and it is a method of treatment of mental dysfunction. A psychoanalytic identity includes an intellectual and emotional openness toward understanding the full range of human experience. This should include an attitude of scientific curiosity, a spirit of inquiry toward the accumulated body of psychoanalytic knowledge, and a commitment to extend that body of knowledge whenever possible. Education in psychoanalysis should result in the achievement of a professional level of knowledge of psychoanalytic theory. It should also result in the development of a psychoanalytic stance, attitude, and level of proficiency in the utilization of psychoanalytic procedures in regard to the treatment of mental dysfunction. Finally, psychoanalytic education should result in a deep and lasting commitment to continuing study and development as a psychoanalyst.

Psychoanalytic education is also intended to provide an in-depth appreciation of the subtleties and complexities of human mental functioning that will enhance the work of those graduates who follow career paths in research, psychotherapy, administration, education, or other fields where knowledge of psychoanalytic theory can be applied.

It is understood that the depth of knowledge about human mental functioning gained in psychoanalytic training, the development of an analytic attitude and stance, and achievement of proficiency of technical skill will enable candidates and graduates to promote the development of, and effectively utilize where possible, a psychoanalytic process in the treatment of patients. The ultimate test of the success of this ongoing development will be the capacity to carry out independent, competent psychoanalysis. This standard should be met at the time of graduation, and reaffirmed by certification by the Board of Professional Standards of the American Psychoanalytic Association. All graduates should appreciate the complexity and the personal demands of psychoanalytic practice and be dedicated to life-long learning. They should thus be aware of the value of, and be willing to seek, consultation.

Psychoanalytic education in all aspects is a function of the SDPC and of the American Psychoanalytic Association, and not of any analyst as an individual. The SDPC observes the principles and standards established by the Board on Professional Standards, as well as the principles of Ethics of the Association, which are appended (Appendix D).
A. Admission Requirements and Procedures

The American Psychoanalytic Association has established principles, standards, and minimal eligibility requirements that guide the SDPC in the selection of clinical associates (candidates). These requirements are included in the following:

Selection for Psychoanalytic Education

A fundamental requirement for psychoanalytic education and clinical training is an established identity as a professional whose conduct assures a firm and enduring commitment to responsible and ethical patient care. Psychoanalytic education begins with the selection process, and therefore requires much care and thought. Selection for psychoanalytic education and clinical training is based on an applicant's suitability, eligibility and readiness. It is the official position of the American psychoanalytic Association that an applicant is never excluded on the basis of age, sexual orientation, religious affiliation, racial, or ethnic background (Appendix D). Assessment of the total person, strength of character, integrity, personal attributes and weaknesses, the nature and extent of prior education, clinical training, clinical immersion, clinical aptitude and potential for psychoanalytic competence, are all to be considered in the process of selection of applicants for psychoanalytic training. The Board on Professional Standards of the American Psychoanalytic Association has established the following principles of suitability and eligibility.

Suitability. Suitability for psychoanalytic training refers to possession of certain character traits and ethical principles thought to be necessary for every psychoanalyst.

Anyone wishing to become a psychoanalyst should present evidence of integrity, maturity, flexibility and strength of character, an inherent honesty, a trust in others, and a high degree of psychological mindedness with reasonable evidence of analyzability. Recognizing that a psychoanalyst is called upon to meet another individual at the most profound level of human interaction where conflict, distress, confusion and often great pain reside, the personality and character of the future analyst should have a capacity to tolerate anxiety, depression, and other painful affects, a capacity to tolerate mistakes and to learn from them, an ability to distinguish between inner and outer reality, and the potential to access unconscious as well as conscious fantasies, all of which indicate some capacity for psychological mindedness. In addition there should be some indication of a relative stability in the applicant's life in terms of school, work, family and other personal relationships. The values, ideals, and philosophy of the applicant should provide the foundation for the commitment needed to develop and maintain an analytic process.

The regressive pull of analysis upon the patient is a given, but so is there a regressive pull upon the analyst. To function as an analyst, therefore, requires a capacity to monitor oneself, to be flexible, and to set aside one's own self interest in order to appreciate and tolerate the depth of the feelings of another. The applicant should show a tolerance for ambiguity, emotional hardship, boredom, pessimism, and discouragement. In addition, the future analyst must show evidence that he/she

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3 These sections on admissions requirements are quoted from the Principles and Standards for Education in Psychoanalysis that were approved by the Board on Professional Standards of the American Psychoanalytic Association on December 15, 1999 and revised on January 21, 2004.

does not seek patients as an inappropriate source of gratification, has a capacity to resist seduction and temptation, and can maintain proper interpersonal boundaries at all times.

**Eligibility.** Eligibility for psychoanalytic training is based on assessment of eligibility and readiness: prior education, clinical training, clinical experience, aptitude and potential for psychoanalytic competence. Such eligibility and education can be achieved through a variety of pathways determined by the American Psychoanalytic Association’s Board of Professional Standards.

Applicants who are in the following categories of applicants are automatically eligible for admission if they have also met the other eligibility requirements listed in this section. Applicants who are not in these categories do not have automatic eligibility; such an applicant may receive clinical training if the Institute supports this course and also receives a waiver from the Board on Professional Standards. Within those categories of applicants that are automatically eligible for admission, each constituent Institute has the discretionary authority to determine which category of applicants that it will accept for training.

**Prior Training**

Doctors of Medicine or of Osteopathic Medicine who have graduated from an accredited medical school or osteopathic medical school, and are in or have completed a psychiatry residency program and are licensed in the jurisdiction in which they practice, or practice in a jurisdiction in which their practices are not regulated by licensure.

Mental health professionals who have completed a doctoral level degree from an accredited mental health clinical program who are licensed in the jurisdiction in which they practice, or practice in a jurisdiction in which their practices are not regulated by licensure.

Mental health professionals who have graduated from an accredited mental health degree program with a clinical master's degree. This must be a degree generally recognized as the highest clinical degree within specific mental health profession. These individuals must also have completed at least two additional post degree years of didactic and clinical training and be licensed in the jurisdiction in which they practice, or practice in a jurisdiction in which their practices are not regulated by licensure. Success in psychoanalytic education and clinical training cannot be predicted simply on the basis of prior education, degree category, or years of clinical experience. The quality and extent of previous mental health education and clinical training must be assessed. While psychoanalysis may be the most effective treatment for properly selected patients, it is a highly specialized procedure. Because many patients require treatments supplementary to psychoanalysis or other modalities of treatment, a psychoanalyst must be competent in psychodiagnostic assessment in order to either provide care or make appropriate dispositions for such patients. Psychoanalytic education itself does not include all of the theoretical background knowledge or clinical experience that optimally prepares the future psychoanalyst for competence in these functions. Rather, competence should already be achieved, or be well along in the process of achievement. In addition, psychoanalytic education alone does not afford the degree of clinical immersion necessary for the development of basic professionalism and professional identity that underlies an uncompromising commitment to responsibility for patients.

Post-graduate education before undertaking training in clinical psychoanalysis must entail full immersion in a rigorous, organized, didactic curriculum, a portion of which includes psychodynamic
seminars, all of which is accompanied by an organized and supervised clinical training experience. The specific elements of the required immersion are described below. For mental health professionals who are Doctors of Medicine or of Osteopathic Medicine, who are in or have completed a residency, or for mental health professionals who have completed a doctoral level degree, this full immersion may occur during the post-graduate training, afterwards, or some combination of both. Individuals who have graduated with a clinical master's degree that is generally recognized as the highest clinical degree within a specific mental health profession must also complete at least two additional years of didactic and clinical training involving immersion in a rigorous, organized program subsequent to the completion of the masters program.

The overall goal of the prerequisite experiences should be to teach the student to conceptualize mental illness in terms of the biological, psychological, and socio-cultural factors that influence normal and abnormal behavior. The education should also teach the student to gather and organize data about a mental health situation, integrate this data with a comprehensive formulation of the problem that supports a well-reasoned differential diagnosis, a treatment plan, an implementation of the treatment plan, and a follow-up. The program should also have provided the applicant with sufficient opportunities to develop knowledge, clinical skills, professionalism, professional principles, and commitment to patient care.

The following specific requirements for didactic education, clinical training, and clinical experience have been established as necessary core prerequisites for psychoanalytic education and clinical training. These requirements must be fulfilled by any applicant for candidacy, regardless of mental health degree, in order for that candidate to be automatically eligible for candidacy. In the event that an otherwise suitable and eligible applicant has not fulfilled a necessary prerequisite for clinical training, this pre-requisite must be fulfilled prior to matriculation. In the event that this is not possible, an Institute may request a waiver for full clinical training from the Committee on Preparedness and Progress of the Board on Professional Standards (see below).

a. **Didactic Education** – Prior coursework should include the following:

Human development leading to recognition of the psychological and socio-cultural factors that influence development in infancy, childhood, adolescence and adulthood.

Psychopathology leading to a theoretical and clinical understanding of neurotic, characterological, borderline, and psychotic disorders, and disorders caused by substance abuse. This should include central nervous system determined psychopathology, including those medical disorders presenting symptoms likely to be regarded as psychiatric or behavior problems and those psychiatric disorders, which might present symptoms likely to be regarded as medical disorders.

The major psychological theories such as behavioral, cognitive, and learning theories, in addition to a basic understanding of the psychoanalytic theories of the mind.

The range of therapeutic approaches to mental disorders leading to a theoretical and clinical understanding of the differential indications for psychopharmacological, supportive, psycho-dynamic, or other psychotherapeutic treatments.

Interviewing techniques, history taking, information gathering, and report writing.
The techniques of psychotherapy such that the applicant has a theoretical understanding and clinical experience with a range of psychotherapeutic techniques.

At least 60 hours participation in psychodynamically oriented courses and clinical seminars during which the applicant gains understanding of basic psychoanalytic concepts as well as the basics of a psychotherapeutic clinical process.

The principles of clinical and professional ethical conduct.

b. Clinical Experience:

As a part of or subsequent to the mental health educational program, the applicant should have attained sufficient immersion in mental health clinical practice to have developed the professionalism and professional identity described above. This immersion should include appropriate experience with psychodynamic therapeutic approaches. Applicants achieve eligibility for psychoanalytic training when they have attained:

A minimum of 3000 hours or the equivalent of two years full-time mental-health clinical experience under weekly individual supervision. Although this experience may be gained primarily from outpatient care situations, it should include at least some experience with inpatient and emergency care situations, experience with the full range of mental disorders, and with psychodiagnostic assessment differential diagnosis.

A minimum of 60 hours of individual supervision in the practice of psychodynamic psychotherapy is required, such that the applicant can demonstrate a capacity to establish a clinical process and the potential for psychoanalytic clinical competence.

c. Evaluation of Suitability, Eligibility and Readiness:

The evaluation of suitability and eligibility relies on an assessment of the applicant's character and integrity, didactic education, clinical training, clinical immersion, and professional identity and maturity. It also includes an assessment of readiness: the applicant's level of clinical competence, capacity for growth, and aptitude for learning psychoanalytic methodology.

In addition to personal interviews to determine suitability and review of the applicant's curriculum vitae and transcripts to determine if prerequisites have been met which confer eligibility; evaluation of readiness should include interviews that permit the applicant to present reports of psychotherapeutic work in oral and/or written form. These presentations, especially if they reflect work supervised by an analyst, will be helpful in assessing the applicant's capacity to elicit and integrate clinical data, to maintain proper boundaries, and to establish a therapeutic process. These presentations should also be helpful in judging the applicant's potential for psychoanalytic competence. Assessment should also be made of an applicant's awareness of the ways in which his or her own responses may influence the psychotherapeutic process.

d. Waiver of Eligibility Standards:

The Board on Professional Standards has developed procedures and criteria for the
consideration of a waiver of the usual eligibility standards for psychoanalytic education and clinical training to Institutes wishing to accept candidates who, on assessment appear to be suitable to become psychoanalytic clinicians but do not fully meet the above eligibility criteria. Waivers for two categories of professionals have been established:

Mental Health Clinicians: The Committee on Preparedness and Progress (COPAP) of the Board on Professional Standards receives requests for waivers of eligibility requirements for full clinical training from Institutes wishing to train mental health clinicians who, on assessment, appear to be suitable to become psychoanalytic clinicians but who are not automatically eligible because they have not fulfilled all of the eligibility requirements. Included are:

Individuals whose mental health graduate degree is at the highest educational level generally obtained to practice clinically within their profession (MD, DO, PhD, PsyD, etc.), but whose didactic and clinical education do not fully meet the prerequisite requirements.

Individuals with a clinical master's degree that is generally recognized as the highest clinical degree within a specific mental health profession (MSW, MMFC, MFCC, MMFT, MSN, etc.), and who have had two years or more of post-masters education and experience which meet the above requirements for the individual elements of didactic education and clinical training, but who have not had an experience of immersion in a two-year organized post-masters program that included supervised clinical experience.

Individuals whose mental health, graduate degree is not at the highest educational level generally obtained to practice clinically within their profession (MA, etc.), but who nevertheless have satisfactorily completed the prerequisites as well as sufficient additional didactic and clinical education.

Non-Mental Health Clinicians: The Committee on Preparedness and Progress (COPAP) of the Board on Professional Standards receives requests for waivers of eligibility requirements for full clinical training from Institutes wishing to train non-mental health clinicians who plan to make psychoanalysis their primary career and who, on assessment, appear to be suitable to become psychoanalytic clinicians but who are not automatically eligible because they have not fulfilled all of the eligibility requirements. Included are:

Individuals who have satisfactorily completed the degree of Doctor of Medicine or Doctor of Osteopathic Medicine, but who are not planning to complete a residency training program in psychiatry.

Individuals who do not possess the highest recognized clinical degree but who are in the later stages of completing the expected educational and clinical prerequisites such as a medical student or Ph.D. candidate.

Individuals who are assessed by the Institute to be suitable but for some other reason than those listed above do not meet all of the formal criteria and are not automatically eligible.
Scholars, Researchers, and Administrators

The Committee on Research and Special Training (CORST) receives applications from Institutes wishing to offer psychoanalytic education and clinical training to scientists, academics, scholars, administrators, and others for whom psychoanalysis is a relevant discipline as an enhancement of their primary field. Applicants may be individuals who have distinguished themselves in their primary field; applicants may also include post-masters graduate students of unusual potential who have not yet attained the highest degree in their area of specialization. Applicants shall meet the requirements of suitability expected of all candidates. Mental health education, clinical training, and clinical experience are not required for application. However, in order to begin psychoanalytic clinical work, the Institute is expected to present and execute a plan whereby the candidate obtains mental health didactic education and clinical training including clinical immersion necessary for the individual to develop the skill and uncompromising commitment to patient care that meet the standards and professional ethics of the Association. The educational and experiential prerequisites described in Section IVB, or appropriate equivalent experiences, are the elements of mental health background that should supplement the core psychoanalytic education for research and special training candidates.

The Academic Program

SDPC has established a course of non-clinical psychoanalytic education for non-clinician individuals whose work and interests would be served by the systematic study of psychoanalytic theory. A waiver from the Board of Professional Standards is not necessary for this study, as the education does not include the clinical segment. The Admissions Committee evaluation process for such applicants is based on the initial application form and other requirements determined by the Education Committee. Except for supervised clinical work, Academic Candidates take part in the entire didactic curriculum, including non-clinical and clinical courses, and undergo an analysis with a training psychoanalyst chosen and made available according to the same criteria as for medical and non-medical clinical candidates. The Education Committee specifies requirements for graduation in this program.

e. Transfer Applicants

A clinical associate from another psychoanalytic institute accredited by the American Psychoanalytic Association may apply for transfer to The San Diego Psychoanalytic Center. Such a prospective candidate would undergo the regular selection procedures required for other applicants. The San Diego Psychoanalytic Center gives credit for previous education in any institute recognized by the American Psychoanalytic Association, to the extent that the educational courses are comparable to those required by the San Diego educational program.
THE ADMISSION PROCESS

1. Psychoanalytic education begins with the selection process. Therefore as much care and thought goes into this aspect of training as any other. The admission procedure begins when the SDPC receives a fully completed, typed application form. Application forms and information may be obtained by either writing to The San Diego Psychoanalytic Center, 4455 Morena Blvd., Ste. 202 San Diego, CA 92117, or requesting one by email at SDPC.michelle@gmail.com. Applications for admissions to training may be submitted at any time and will be reviewed throughout the year. A non-refundable processing fee of $150.00 is due with each application.

2. All applicants must include in their application an autobiographical statement a medical report of a recent physical examination, and two written case reports, one male and one female. The biographical statement should convey personal and family background, educational, history, development of interest in psychoanalysis, and motivation for applying for psychoanalytic training.

3. All applicants must satisfy the Admissions Committee of their maturity, integrity, and aptitude for psychoanalytic work. The evaluation considers suitability and eligibility separately.

   A. Evaluation of Eligibility - The evaluation of eligibility is based on an investigation of the applicant's level of education, clinical experience, psychoanalytic clinical aptitude, and the guidelines of the American Psychoanalytic Association noted above. The judgment of psychoanalytic clinical aptitude relies on a psychoanalytic educator's assessment of the applicant's level of clinical skill and capacity for growth, in particular, his or her capacity to learn psychoanalytic methodology. Clinical presentations, both written and oral are utilized to give insight into the applicant's capacity to elicit and integrate clinical data, to maintain proper boundaries, and to establish a therapeutic process. In those cases of medical applicants who may have not completed a psychiatric residency, assessment of clinical aptitude is based on the applicant's psychological mindedness in relation to former or current patients treated medically. Assessment is also based on an applicant's awareness of his or her own feelings, and of how these may influence the psychotherapeutic process. Evaluation of eligibility is based on clinical interviews with at least two faculty members of the SDPC, as well as any available reports of previously supervised work.

   B. Evaluation of Suitability: The determination of suitability relies on the judgment of experienced psychoanalytic educators. Applicants are evaluated on the basis of overall strengths and capacities for functioning as a candidate and ultimately as a psychoanalyst, in balance with any character trait or psychopathology that would limit that functioning. The evaluation is done from a position of non-discriminatory, non-judgmental inquiry. It is the official position of the American Psychoanalytic
Association and of the SDPC that no one is excluded on the basis of sexual orientation, or racial or ethnic background. Evaluation of suitability is based on interviews with at least three faculty members of the SDPC, as well as on letters of reference.

C. Evaluation of Data: The Admissions Committee asks all interviewers to submit a written report of the evaluation process that evolved with the applicant and substantiate an opinion about whether or not the applicant has the potential, based on the above characterological and clinical considerations, to become a psychoanalyst. The Admission Committee reviews these reports in conjunction with all admission data and application materials, and forms a judgment about an individual's potential to develop into a competent psychoanalyst. Their recommendation is submitted to the Education Committee for final discussion and approval.

Applicants with concerns, questions, or dissatisfaction with the admission process or with the final conclusion should address these matters to the Chairman of the Admissions Committee, or to the Director of Education.

OVERVIEW OF THE ADULT PSYCHOANALYTIC TRAINING PROGRAM

A. FEES

Tuition: A fee of $2,100 is charged for seminars each year during the regular five-year didactic program. A fee of $1,095 per year is charged for each subsequent year of matriculation. Tuition is payable in three installments, due on the first of September, the first of January, and the first of April.

The costs of the candidate's personal psychoanalysis and the supervision of psychoanalytic work are arranged individually with the training and supervising psychoanalysts. When a candidate or applicant cancels enrollment, in writing, prior to the completion of the term, a prorated portion of the paid tuition will be refunded, less a $50 registration/administrative fee.

B. ENROLLMENT

Accepted applicants may enroll as candidates to begin seminars in the psychoanalytic education and training program subject to the approval of the Education Committee. Unless a waiver is granted, candidates are expected to begin their personal psychoanalysis with a training analyst at least six months prior to matriculation. It is the responsibility of accepted applicants to arrange for personal analysis and matriculation, and to communicate these plans to the Admissions Committee no later than one year after their acceptance. If the candidate is unable to meet these standard requirements, the Education Committee reserves the right to reconsider the status of the clinical or academic associate.
C. PROGRESSION

The Institute’s Candidate Progression Committee, a subcommittee of the Education Committee, will periodically report the candidate’s work and aptitude for continued training to the Education Committee. Based on this information, the Education Committee will evaluate the candidate’s progress. Reports of these evaluations are kept on file and may be reviewed at any time by the clinical associate upon arrangement with the administrator. This evaluation process continues throughout each candidate’s formal candidacy. The Education Committee also grants authorization to candidates seeking to begin any supervised case.

All candidates are expected to complete their requirements for graduation within eight years of matriculation. Under exceptional circumstances, the Education Committee may grant a waiver for extension.

A candidate may withdraw from the training program at any time or, alternatively, request a temporary leave of absence. The Education Committee reviews all such requests and grants them when appropriate. The Education Committee also reserves the right to interrupt or terminate any candidate's enrollment if it determines that the candidate is unsuitable for further training. For example, training may be interrupted or terminated if the candidate fails to meet program requirements regarding preparation for and participation in seminar discussions, case reports, clinical immersion, payment of tuition, or complaints of ethical violations.

In cases where the Education Committee recommends that a candidate’s training should be restricted or terminated, it will advise the candidate verbally and in writing of the specific issues and problems that support its recommendation, before any final action is taken. The candidate will be offered an opportunity to meet at a mutually agreeable time with representatives from the Candidate Progression Committee and the Education Committee to discuss the recommended action, to question Committee members, and to present any further oral or written information which the candidate believes should be considered before a decision is made by the Education Committee to restrict or terminate the candidate’s participation in the training program. The candidate will be provided with reasonable notice of the recommended action and the proposed meeting and a copy of any written documentation that the Education Committee relied upon in recommending restriction or termination of the candidate’s participation in the training program. If the Education committee must take immediate action to restrict or terminate a candidate’s participation in the program, the process described above shall occur at a mutually agreeable time within seven calendar days after the action. In all cases, the Education Committee shall provide the candidate with a written decision setting forth the action, if any, that will be taken and the factual reasons supporting it. The meeting with the candidate shall be informal and shall not be conducted according to the rules governing hearings required by California Business & Professions Code sections, 809, et seq.

D. ACADEMIC CALENDAR

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<tr>
<th>Term</th>
<th>Dates</th>
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<tr>
<td>Fall Term</td>
<td>September - December</td>
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<td>Winter Term</td>
<td>January - March</td>
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<tr>
<td>Spring Term</td>
<td>April - June</td>
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</table>
Classes are held on Wednesday afternoons from 3 to 7:30 PM. No classes are held during the Mid-winter and spring meetings of the American Psychoanalytic Association.

E. ADVISORS

At the time of matriculation, each candidate will be offered a faculty advisor. Candidates may consult their advisors for clarification and support at any time, or with respect to any grievances or concerns they may have about their education. They also may consult with the Director or the Assistant Director of the Education Committee, or with their Class Advisor.

F. CANDIDATES' ASSOCIATION

Membership in the SDPC's Candidates' Association is open to all candidates who are currently in adult or child training at SDPC. Officers are elected annually with a past president, president, and president-elect serving, simultaneously providing for continuity throughout the program. A delegate is elected by the candidates to represent their interests at the national level as a voting member of the Affiliates Council of the American Psychoanalytic Association. The candidates are represented at the local level with one candidate serving as a voting member of the SDPC Board of Directors, and others serving on a number of committees of the Education Committee or Board of Directors, such as the Curriculum Committee, the Clinic Committee, the Extension Division Committee or the Community Outreach Committee.

The Candidates' Association provides an opportunity and a forum for candidates from each class to express their interests and concerns as a group. It also serves to promote the growth and development of the candidates' identity as an analyst and promotes a sense of belonging in the analytic community.

III. COMPONENTS OF PSYCHOANALYTIC EDUCATION

The primary goal of psychoanalytic education is to facilitate the development of psychoanalytic competence and a core psychoanalytic identity. A psychoanalytic identity requires an intellectual and emotional openness toward understanding the full complexity of the human mind. Essential to this identity are an attitude of scientific curiosity, a spirit of inquiry, and a wish to acquire a comprehensive understanding of the accumulated body of psychoanalytic knowledge. A psychoanalytic identity also includes a deep and lasting commitment to continuing study and development as an analyst, to periodic consultation/supervision with colleagues, and a deep commitment to patient care.

Psychoanalytic education involves the study of theoretical and clinical principles, and aims toward scholarly achievement, personal growth, and the development of psychoanalytic clinical expertise. Certain minimal requirements, as stated below, are necessary to accomplish these goals. However to develop the clinical skills necessary to become a competent psychoanalyst with a psychoanalytic identity requires an education involving much more than the fulfillment of a list of quantitative requirements. Rather it requires a balance between three basic components: a personal analysis of the candidate, a didactic curriculum with scholarly research and writing, and supervised clinical experience. The effective interweaving and reinforcing of these three elements
is a fundamental aim of the psychoanalytic educational process and has come to be known as the tripartite system. It has been the consensus of the Board on Professional Standards and the Education Committee of the SDPC that the interaction among the elements of such a model provides the best basis for the development of a psychoanalytic identity as well as for the development of psychoanalytic clinical skills. Simultaneous immersion in all three elements is essential and required. Only by simultaneous immersion can all three elements influence, clarify, and enhance each other. These mutually dependent elements provide a multi-dimensional and comprehensive experience that has an intensity of personal involvement that can lead to the depth of understanding and conviction that underlies a psychoanalytic identity. The Education Committee gives careful attention to and periodically reviews the integration and synchrony of these components. The program may vary to some degree from time to time according to the needs and progression of the individual candidate.

A. PERSONAL PSYCHOANALYSIS

The personal psychoanalysis is the foundation of psychoanalytic education. This personal analysis during the course of psychoanalytic training aims to enable the candidate to achieve an optimal balance among the organizations of the mind and a high degree of character stability, openness, flexibility and maturity. It is essential that the candidate develop the capacities for self-reflection, self-observation, and ultimately self-analysis, which are necessary for the basic analytic stance and analytic receptiveness. These achievements are essential if the future analyst is to be sufficiently free of psychological symptoms and character traits, which may interfere with psychoanalytic work in any of its aspects. This does not imply that perfection can be expected, but a candidate's psychic functioning must not suggest hazards, either to the patient or to the candidate. The analysis should enable the candidate to achieve an appreciation of the nature and power of the conscious and unconscious processes, including conflicts, affects, defenses and their interrelationship. It should also result in conviction of the therapeutic value of forming and working through transferences, and of the value of gaining understanding of the role of childhood experiences, memories and fantasies. This analysis also provides an experience that will enable the candidate to understand the impact of analysis upon patients, to foster his/her capacity to examine and understand countertransference reactions, to develop insight into his/her own unconscious processes so as to appreciate those of others, and to perform analytic work unimpeded to any significant degree by personal problems and conflicts.

Because of the potentially unsettling nature of the personal analysis in its early stages, and because of the potential of the personal analytic experience to enrich the learning in classes, it is strongly recommended that the Clinical Associate begin a personal analysis with a Training Analyst in advance of matriculation, ideally at least a year before the beginning of the psychoanalytic curriculum, and no later than 6 months prior to beginning seminars. The training analyst should be selected from a roster of training analysts provided by the Education Committee. Applicants who have completed a prior analysis with a training analyst are recommended to consider undertaking a training analysis with a different analyst.

Analytic educators appreciate that a higher frequency of sessions in an analysis facilitates the reopening of early conflicts, the analysis of defenses as they occur within the process, optimal intensity, and continuity of the process. Therefore, in accordance with the minimal standards of the American Psychoanalytic Association, the personal analysis of clinical associates shall be
conducted four or five times a week through termination, except when special considerations require temporary interruption or alterations of frequency. Candidates with financial need may begin their personal analysis at three times per week; however, the candidate must transition to four to five times weekly analysis by the beginning of the second year of training, and may not begin control cases until four to five times weekly analysis is in process. Experience has shown that frequency has an important influence on the nature of material that may enter the psychoanalytic process and on the type of change that can be achieved. Furthermore, many aspects of the analytic process require an environment that is largely a function of regularity and frequency. Examples include joining insight and affect, the necessary tolerance of unsettling states so that new synthesis and integration can occur, and the delicate receptivity to unconscious determinants both on the part of the patient and the analyst. The analyst’s own experience in psychoanalysis and his first experiences functioning as an analyst have an important role in the formation of an analyst's career. For this reason, it is necessary to provide those conditions that optimize the potential for the fullest psychoanalytic experience. An essential base from which to derive a conviction about the effectiveness of psychoanalysis is a searching personal experience into the depths of human suffering and conflict, an experience through which one is profoundly affected, as both patient and analyst. Such a conviction can sustain one’s life work as an analyst.

A successful personal analysis during candidacy requires confidentiality and privacy. Therefore, progress in analysis is not directly considered in the evaluation of candidate progression. The faculty of the Institute, through observation of the candidate’s work in seminars, supervised analyses, and case presentations will be able to judge the extent to which the goals of the personal analysis are being achieved. At SDPC, the training analysts absent themselves from any and all administrative discussions or decisions regarding the progress of their analysands. The analyst reports only the number of analytic sessions conducted each month.

There is no minimal number of hours of approved training analysis established by the Board on Professional Standards of the American Psychoanalytic Association. The decision to terminate the analysis is made between the candidate and his/her training analyst within the psychoanalytic process. However, most graduates have obtained several years of analytic treatment during their training. Also, a substantial portion of supervised analytic work generally occurs while the personal analysis is still ongoing in order to fulfill the previously described goals.

Selection of a specific analyst for a training analysis is entirely the responsibility of the candidate. While the Institute reviews the professional credentials of available Training Analysts at the time of appointment and reappointment (every five years), it cannot "guarantee" the analyst or promise that unanticipated events, such as illness, poor health, or a decision to leave the community, will not interfere with or interrupt the analysis. For these reasons, the Institute emphasizes that it assumes no responsibility for the completion or outcome of the analysis and asks each candidate to discuss any concerns regarding any such issues with a potential analyst before beginning the analysis, or during the analysis, if so indicated. The candidate should address the Director or Assistant Director of Education regarding any concerns that arise pertaining to their psychoanalysis.

B. PSYCHOANALYTIC SCHOLARLY STUDY
1. CURRICULUM

An integrated curriculum of psychoanalytic study has been designed to enable the Clinical Associate to acquire a comprehensive understanding of the fundamentals of psychoanalytic theory and clinical practice, and the interrelationship between them. A creative and critical exploration of clinical situations and theoretical issues can demonstrate the ways in which theory provides working hypotheses about the clinical situation and the ways in which clinical dilemmas lead to the further evolution of theory.

In most cases of training, the curriculum is integrated with ongoing supervised clinical work. Such integration enables the candidate to, a) understand the theoretical underpinnings of clinical material and methodology, b) gain conviction of the manner in which clinical material provides the empirical basis for theoretical formulations and their revisions, and c) develop skill in the conceptualization of case material. In instances where seminars occur during a period of less than optimal clinical immersion, a program of post-seminar study may be indicated to help the candidate achieve an optimal experience. While on-site participation in seminars is customary, in instances where a candidate is challenged by distance and/or disability, a candidate may join the seminar by distance learning. While SDPC makes all efforts to have effective technology, many factors influence the reliability of a connection by phone or the Internet. Should a candidate have difficulties joining or remaining connected to a seminar, it is understood that there will not be efforts to re-connect that would be disruptive to the class experience.

The sequence of didactic seminars is based on the evolving theory and methods of psychoanalysis (see appendix E). The discoveries of Freud are presented in order to establish the historical roots of contemporary theory and practice. Current ideas are then examined with attention given to the lively debate and controversy surrounding their scientific status and applicability. The curriculum is organized into five basic tracks to include the following subject matters:

Psychoanalytic Theory: The basic concepts of psychoanalysis are studied from a critical and historical perspective to provide an understanding of the fundamental theoretical approaches found in contemporary psychoanalysis. It begins with a survey of the early history of the psychoanalytic movement. This is followed by an overview of the evolution of psychoanalytic theory from its birth in Freud's investigations through its various modifications in Topographical and Structural theory. Courses in contemporary theories of Object Relations and Self Psychology are included. In each theory course, instructors and candidates will attempt to clarify the clinical relevance and limitations of theoretical constructs.

To prepare for this study of psychoanalytic theory, Clinical Associates are asked to read one of the major biographies of Freud before matriculating. Peter Gay's Freud: A Life for Our Time (1988) or Ernst Jones' The Life and Work of Sigmund Freud (3 volumes, 1953) would be excellent choices.

Psychopathology: It is essential that a psychoanalyst develop a dynamic understanding of a broad range of patients. Seminars on psychopathology consider historical and contemporary psychoanalytic theories of the neuroses, character disorders, borderline and narcissistic disorders, perversions, psychosomatic disorders, and the psychoses. Clinical examples illustrate the
multiplicity of dynamic, structural, genetic, and developmental factors leading to the formation of the clinical pictures presented.

Development: Understanding the ways in which psychic functions and structures originate, evolve, and progress throughout the life cycle is essential to a psychoanalytic understanding of the human mind, and essential to an understanding of the psychoanalytic clinical situation. The curriculum includes study of psychoanalytic theories of psychological development beginning with infancy and extending through adulthood. Whenever possible, material drawn from child analyses will be integrated with theoretical study. Such integration not only facilitates theoretical understanding but it also promotes an appreciation of the importance of child analysis. This integration may help candidates consider including at least one child analytic case in their psychoanalytic education or interest them in pursuing education and clinical training in child psychoanalysis.

Psychoanalytic Treatment Situation and Technique: The study of psychoanalysis as a treatment process usually begins with consideration of case selection along with the theoretical and technical issues that need to be considered upon beginning a psychoanalytic treatment. Subsequent readings and clinical case seminars include the technical considerations presenting in the beginning, middle, and ending phases of the analytic process, as well as a variety of topics in which candidates consider how theoretical constructs enable understanding of clinical issues. Technique seminars also explore how technique is related to the theoretical understanding of the individual patient and how technique contributes to the unfolding of the analytic process. Candidates learn how the understanding of unconscious processes is validated through free-association and other forms of analytic communication, including dreams, fantasy, acting-out, enactment, etc. An examination of current controversies of technique is also usually included.

Psychoanalytic Writing: Not only is psychoanalysis a treatment technique, but also it is a research tool and a body of theoretical knowledge about the functioning of the human mind. Therefore scholarly research and writing can be an important part of a psychoanalyst's career. Learning to write about psychoanalytic process is thus an important part of psychoanalytic education.

Although the basic curriculum is completed in four years (see Appendix E), all candidates continue to participate in a limited schedule of elective seminars and clinical case conferences beyond their fourth year until all requirements for graduation are fulfilled.

If Candidates have requests for the inclusion of a particular subject area not currently covered, concerns about courses or concerns about the curriculum, they should address these to the Candidates Association, to their Faculty Advisor, the Curriculum Committee Chairperson, or to the Director of Education.

A chart showing the current four-year curriculum along with a description of each course can be found in Appendix E.
3. SUPERVISED PSYCHOANALYSIS

The supervisory relationship provides the context within which the candidate identifies and develops the skills needed to successfully use the psychoanalytic method. These include use of the couch with the analyst removed from the visual field of the analysand and use of the free-associative method. It also involves a commitment to meet at a recommended frequency of five times per week with a minimum frequency of four times per week on separate days through termination, except when unusual considerations indicate temporary interruption or temporary changes in frequency. The ability to conduct psychoanalysis also requires particular talents, attitudes, and skills. For example, the psychoanalytic situation carries a unique potential for the emotional growth of the analysand through the development and resolution of the transference-based relationship. This requires the analyst to limit expressions of personal feelings, opinions, and attitudes and instead listen to the free-associative flow of the patient. The analyst must also be receptive to the unconscious derivatives of the patient while sometimes simultaneously creating a situation wherein prolonged intense affect can be contained. In addition, the analyst must refrain from gratifying certain wishes and needs of the patient in order to create a situation wherein the patient can reveal warded off thoughts, wishes, or experiences, and thereby achieve greater freedom of self-expression and increased self-understanding.

The aims of supervision include the following:

Enhancing the candidate's skill in clinical psychoanalytic diagnosis, case selection, and the assessment of analyzability and suitability for psychoanalysis. This includes helping candidates recognize the varieties and types of patients for whom psychoanalysis may be of value, including those who do not present with specific syndromes of mental dysfunction although they may have certain characterological inhibitions or impairments.

Developing the candidate's clinical skills in establishing and nurturing the psychoanalytic process. This includes mastering the range of technical challenges that arise in each individual case, as well as the recognition and interpretation of transference, resistance, and derivatives of unconscious conflict.

Facilitating the candidate's ability to work flexibly and responsibly as they learn the fundamentals of psychoanalysis, following the Practice Guidelines and Principles of Ethics of the APsaA.

Enabling a candidate to recognize the ways in which psychoanalytic technique is distinct from the techniques used in psychotherapy or modified psychoanalytic treatment. When psychoanalytic education is successful, the graduate will be able not only to offer psychoanalytic treatment, but also when necessary, to provide modified psychoanalytic treatment. Modified

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5 Psychoanalysis and modified psychoanalytic treatment are differentiated from psychotherapy in the Current Procedural Terminology of the American Medical Association. Psychotherapy in this context refers to cognitive behavioral therapy, short-term psychotherapy, behavior modification etc., and is linked to the concepts and standards for psychotherapy of the American Psychiatric Association practice guidelines.
psychoanalytic treatment may entail working with the patient at a reduced frequency of sessions per week, yet continuing to use fundamental psychoanalytic principles, and continuing to adhere to the Practice Guidelines and Principles of Ethics of the APsaA.

Enabling the candidate to become aware of his or her part in the developing psychoanalytic process. This includes recognizing transference to the patient and resistance to the process with the hope that the candidate will explore these further in personal analysis.

Enabling a candidate to identify resistance to learning and find ways to overcome these.

Enabling a candidate to consolidate a personal psychoanalytic style and to develop responsible, creative, and independent psychoanalytic thinking through the synthesis of the supervisory work, the personal analysis, and the didactic course work.

Helping the candidate develop the ability to conceptualize and to write about the psychoanalytic process and about the clinical and theoretical issues specific to each individual case. This can be done in part by reviewing with the candidate the candidate's periodic written reports on the progress of the case, and the supervisor's reports on the progress of the candidate. It is recommended that these reports be an integral part of the supervisory process. These reports afford the supervisor and candidate an opportunity to review together the candidate's understanding of the evolving work and the candidate's progress in writing about the psychoanalytic process, and the supervisor's evaluation of this work.

Assisting the Education Committee in determining, through ongoing reports of the candidate's clinical work, how fully the aims of the personal analysis and didactic work are being achieved. It is important that feedback be given regularly to the candidate during the process of supervision.

The candidate is expected to continue personal psychoanalysis throughout a significant period of supervised clinical work. The tripartite educational process for psychoanalysis is based on the experience that both personal analysis and supervised clinical work benefit when concurrent. In addition, psychoanalytic educators recognize that unconscious conflicts and intense affects can be stimulated in the analyst by some of the unique aspects of psychoanalytic treatment that were mentioned above. These features differentiate psychoanalysis from other therapies, including those therapies for which psychoanalytic theory provides a conceptual framework. Therefore even experienced psychotherapists may find the psychoanalytic situation emotionally challenging. It is in the context of the personal analysis that the candidate has the opportunity to reflect upon and scrutinize the unconscious derivatives and intense affects that might be aroused by the personal abstinence required using the psychoanalytic method; such self-scrutiny offers the candidate valuable opportunities for extending self-awareness and self-understanding.

It is recommended that candidates select a supervisor from the list of training and supervising analysts as soon as they receive acceptance for psychoanalytic training, or as soon as they begin classes in their first year. They will meet with this supervisor on a regular basis in order to discuss their current caseloads in an effort to begin to think psychoanalytically about their patients in a systematic manner. The supervisory fee for such work will follow current guidelines regarding supervisory fees. Such supervision is expected to help the candidate to make the transition from a therapeutic to an analytic perspective with regard to intensive treatment. Furthermore, it is expected that such supervision will help the candidate to consider possible
conversions from psychotherapy to psychoanalysis from their current caseloads and, therefore, to expedite their ability to begin a first control case as soon as they are eligible to do so. They can also have the benefit of working with the supervisor on the complexities of the process of converting a case. It is expected that this supervisor will become the supervisor of the candidate’s first control case, but the candidate retains the right to arrange a different supervisor at that time if he or she prefers. At the time of beginning the first control case, the candidate may either cease working with the initial supervisor if another has been chosen for the first case, or maintain the relationship with the initial supervisor. It should be stressed that this recommendation is voluntary, and that failure to implement it will have no negative impact on the candidate’s standing or progression; but it is expected that taking advantage of it will provide a very useful learning experience.

The candidate should have psychoanalytic experience with a number and variety of types of patients in order to develop the competence needed to conduct psychoanalysis independently. Three adult non-psychotic cases, including patients of each sex, has been established as a minimal number to meet this requirement, although more are strongly recommended.

The supervision of each of at least three cases should occur over a sufficient length of the analysis that the candidate’s ability to recognize, evaluate, and interpret the dominant genetic factors and central conflicts can be adequately demonstrated and evaluated. Supervision should also continue over enough time to allow significant transference manifestations to develop and be observed, understood, and worked through, so that the Candidate can experience and learn under supervision how to deal effectively with and work within intense transference situations. Cases in which there has not been a period of significant analytic work and process generally do not contribute sufficiently to the candidate’s experience to be considered as one of the three required cases. An example would be a case in which treatment remained chaotic or in a fixed state of resistance, in spite of a considerable number of psychoanalytic and supervisory hours. Should a question arise regarding credit for a particular case, the key principle is whether or not an analytic process was established, rather than simply the number of hours of supervision.

A minimum of 50 supervisory hours per case, with a total of at least 200 supervisory hours has been established as a minimal requirement, although many more may be necessary for the candidate to become competent to undertake independent psychoanalytic work. Therefore regular supervision should continue until there are indications of psychoanalytic competency and an ability to work independently. In every instance a case should be supervised weekly for at least one year to count toward the three needed for graduation. Supervision on at least one case should be conducted for two years minimum, and it is recommended that supervision continue through the termination of at least one case. For each case, a maximum of 4 hours from the assessment phase may count toward the 50-hour minimum.

Each candidate must have at least three different supervisory analysts. Candidates may not bring a second active case to the same supervisor until they have met the requirement of 3 different supervisors for 3 cases. Training analysts will not undertake to supervise their own analysands at any time during the candidacy. Supervisors must be current in all currently supervised cases to be eligible to begin supervision, meaning all supervisors’ reports must be turned in within 30 days of being due. Should a candidate wish to change supervisors, he/she is free to do so without any loss of supervisory hours or any other prejudice. The candidate must simply obtain a new supervisor, inform the former one of the decision, and notify the training director and administrator of the SDPC of the change.
In cases where a control case analysand moves out of the area after an analytic process has been established, the case may continue via a HIPAA compliant audiovisual communication medium provided that these requirements are met: 1) The continuation of analysis must be deemed in the best interest of the patient, through approval of the Education Committee, with the recommendation of the supervisor. 2) The candidate must obtain a license in the state where the analysand lives, or ensure that his or her license covers treatment where the patient lives. 3) The candidate must ensure that his or her malpractice coverage is valid under the circumstances in which it is being continued.

In cases where the supervisor resides in a different state than the candidate and the patient, the responsibility for any decision or advice with respect to a specific patient must be determined on the facts and observations in that case and remain subject to the professional judgment of the treating practitioner.

**ANALYTIC CASES AND CASE REPORTS**

1. **First Case**

Evaluation of the candidate’s readiness to begin supervised psychoanalytic work with patients must receive final approval of the Education Committee. After completion of a minimum of six months of seminars and involvement in a 4-5 times-per-week personal analysis, the Candidate may begin the process towards beginning a first analytic case. **The time requirement can be waived at the discretion of the Progressions Committee, the Supervisor, and the Education Committee.** The Candidate is expected to first obtain a supervisor to discuss the Candidate's readiness to begin supervised analytic work towards the goal of case selection. Names of available supervisors may be obtained through contacting the SDPC administrator. The Candidate, with the Supervisor's guidance, may choose a new case or convert a case from the Candidate’s existing caseload. The Candidate shall communicate in writing to the office administrator and the progressions committee that this step has begun along with the name of the Supervisor. When the Candidate and Supervisor feel they have an appropriate case, the Candidate shall write-up a preliminary Initial Report. A copy of this report is shared with the Supervisor and the Progressions Committee who discuss the Candidate and the case. Strengths and potential challenges of the Candidate are identified, especially as they may pertain to the prospective case. Any additional preparation or assistance the Candidate may need to successfully carry out the work then becomes part of the report shared with the Education Committee to request approval for the Candidate to begin supervised analytic work. The results of these discussions become part of an individualized learning plan that facilitates the candidate's ongoing growth.

Regarding the first analytic patient, an ideal case presents with predominantly neurotic symptoms and structure. Patients with undercurrents of psychosis, severe character pathology, or tendencies to acting-out may or may not be suitable for psychoanalysis and should nevertheless be reserved for more advanced cases. It is also recommended that this initial patient be in a relatively stable life situation in order to assure continuity of psychoanalytic effort.
To obtain a list of available Supervisors, please contact the SDPC Office Administrator.

2. Second Case

Once a first case is under way, a candidate may request in writing that the Candidate Progression Committee grant permission to begin a second supervised analysis. The candidate may begin a second case as soon as reports of the first supervisor indicate that the analytic work in the first case is proceeding satisfactorily and that the candidate has been able to establish an opening phase. The Institute encourages all its candidates to avoid delays in beginning their first two supervised cases. With that permission, a candidate contacts a supervisor and proceeds as he/she did with the initial case. Requirements for write-ups and case progress reports are the same as for the first case, but a discussion with a Case Selection Committee is optional.

3. Third Case

The candidate may be considered to start a third supervised case after the first and second cases are underway. The initial case write-ups and any other reports that are due should be submitted and approved by the current supervisors. The candidate is currently in 4-5x weekly personal analysis. Coursework shall be complete and all fees are paid up-to-date. The candidate will follow the customary procedure of submitting a completed Request/Waiver Form to the Progressions Committee and the Office Administrator. The Progressions Committee will evaluate the candidate’s capacities and readiness to begin a third supervised case through discussions and recommendation of all the candidate’s supervisors, past and current. The initial report and progress reports follow the same procedures as for the second case.

4. Unsupervised Analysis

A candidate may wish to obtain permission to do unsupervised psychoanalysis even before meeting all graduation requirements. To do so, he/she may submit a written request to the Candidate Progression Committee. That committee evaluates the candidate's progress to date, integrating all supervisors' and instructors' evaluations, and makes a recommendation to the Education Committee where final decision is made. Permission is not automatic, as the Candidate Progression and Education Committees may feel that the candidate is not yet ready to do unsupervised psychoanalysis and would benefit from further supervision.

In all instances, the Institute's educational objective is for its candidates to develop the capacity to conduct satisfactory psychoanalysis independently (without needing supervisory oversight). For some candidates, meeting the minimal requirements for graduation attains this goal, while for others occasional supervision on additional cases may be necessary.

5. Reports

All required reports for control cases must be completed and up to date for each control case before the next report is due for that case; until are reports are in compliance with this provision, no subsequent cases may not be undertaken.

The Progressions Committee will report to the Education Committee when any candidate falls behind on any reports, as these reports are considered an essential part of the training process.
Hours for cases are counted when progress reports are in the candidate’s file. If the initial case write-up is submitted and dated within the first month of beginning a case, up to four supervisory hours prior to beginning the analysis will count towards the total number for that case. If the initial case write-up for a control case is submitted after the first month, no supervisory hours prior to the beginning of the analysis will count, and supervisory hours will only begin to count subsequent to the time the initial write-up is in the candidate’s file (after the 30 days).

All required reports for control cases must be completed and up to date before subsequent cases may be undertaken. Hours for cases are counted when progress reports are in the candidate’s file. If the initial case write-up is submitted and dated within the first month of beginning a case, up to four supervisory hours prior to beginning the analysis will count towards the total number for that case. If the initial case write-up for a control case is submitted after the first month, no supervisory hours prior to the beginning of the analysis will count, and supervisory hours will only begin to count subsequent to the time the initial write-up is in the candidate’s file (after the 30 days).


Learning to write psychoanalytic case material is an important part of the educational process. Therefore before each case begins, the clinical associate is required to write-up a complete clinical and developmental history of the case, together with a formulation of basic conflicts, the psychodynamics as presently perceived, a diagnostic and prognostic estimation, and an assessment of assets and liabilities for psychoanalysis. The clinical associate may represent the case in any manner that reflects his or her assessment of the patient's major conflicts, difficulties and capacities. Reference should be made to genetic, dynamic, and structural determinants and to the question of psychoanalysis as the treatment of choice. One frequently employed format for case write-ups is presented in Appendix F. An alternative is to follow the American Psychiatric Association Peer Review format found in Appendix G. Typically reports are 6-10 double-spaced pages. The case report must be submitted to and discussed with the Supervisor and then submitted to the Administrator before the supervised psychoanalysis can begin.

b. Progress Reports.

During the first six months of the first supervised case, two quarterly progress reports, each covering three month periods, are to be submitted covering periods ending on March 31, June 30, September 30, or December 31. Copies of these reports are submitted to the candidate's supervisor and to the administrator of the SDPC. After the first six months, all subsequent reports for all cases are submitted semi-annually for periods ending March 31 and September 30 or June 30 and December 31. Samples of progress report forms appear as Appendices I and J. They are to cover essential dynamic themes with particular reference to resistance, transference, countertransference, and technical interventions.


Last, a final case report is required in all supervised cases regardless of their length of treatment or reason for ending. This final summary reviews the entire course of treatment with particular attention to the termination phase. A sample of this final report form appears in Appendix K.
6. **Supervisory Fees**

The maximum “low fee” for supervision is $50 for all control cases paying $50/session or less, unless the Training Analyst wishes to reduce the fee further. For cases paying more than $50/session the maximum low fee will be based on the fee per session paid by the patient. For example, if the patient is paying $80 per session the maximum supervisory fee will be $80 and if the patient is paying $40 the maximum will be $50.

While Training Analysts will not be obligated to supervise a case, if they do agree to supervise a case, this policy is mandatory for their first two adult cases in psychoanalysis.

In situations where the Candidate cannot receive a fee from a patient for analytic treatment sessions, and where, as part of the psychoanalysis, it is important that the patient pay for the treatment session, the patient shall make the payment payable to SDPC. In such case, SDPC shall pay the respective supervisor the previously agreed-upon supervisory fee, using the formula outlined in this same section. Any additional amount collected from such fees greater than the supervisory fee shall be payable to offset the Candidate’s SDPC educational costs.

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**IV. PROGRESSION IN PSYCHOANALYTIC EDUCATION**

**A. PERSONAL ANALYSIS**

The clinical associate must commence his/her personal analysis ideally one year but no less than six months before the start of seminars. Candidates with financial need may begin their personal analysis at three times per week; however, the candidate must transition to four to five times weekly analysis by the beginning of the second year of training, and may not begin control cases until four to five times weekly analysis is in process. Otherwise, the Education Committee will reevaluate his/her status. Upon acceptance of candidacy or admission, the clinical associate must be prepared to undertake the financial and time commitments entailed by psychoanalytic education.

**B. MATRICULATION**

Ordinarily a candidate begins seminars in the September following acceptance. A minimum of six months of personal analysis is required before the Education Committee approves the candidate for matriculation. Exceptions may occasionally be made for those who have completed a personal analysis just prior to acceptance. Exceptions may be requested in writing from the Education Committee.

**C. SUPERVISED CLINICAL WORK**

1. **Starting the First Supervised Case**

The Education Committee grants permission for a clinical associate to take the first and each subsequent supervised case. After completion of a minimum of six months of seminars and 12 months of personal analysis, a clinical associate may apply for permission to begin supervised
psychoanalytic work as described above. A request should be submitted in writing to the Chair or the Candidate Progressions Committee.

2. Starting the Second Supervised Case

It is best to avoid delay in beginning a second case in order to promote the learning process. A request should be submitted in writing to the Chair of the Candidate Progressions Committee.

3. Approval for Starting a Third Supervised Case

The candidate first needs to inform the first and second supervisor of his or her intent to request approval to begin a third case. The first and second supervisors should be asked to discuss the candidate’s readiness to start a third case and communicate their opinion the chair of the Candidate Progressions Committee. Before beginning a third case (and all other cases), all quarterly and semi-annual reports must be up to date.

D. PROGRESSION REQUIREMENTS and REQUEST FOR SPECIAL WAIVER

To enter the third-year of training, the clinical associate should have already begun a first supervised case. If a first case has not been obtained, the candidate is required to participate in weekly supervision with an SDPC supervisor; to enter the fourth-year of training, a second case; and to enter the fifth-year, a third case. Any deviation from this sequence will require a request for waiver to the Education Committee in order to progress to the next year of training. This written request should highlight the reasons for delay in taking the first case attached to the standard Progressions Form. For any candidate who has not yet graduated, permission to enter an eighth-year or more of training will require a waiver to allow the candidate to proceed with training. A written request for a waiver should include some explanation of the reasons for the delay and a statement of the prospects for graduation attached to the standard Progressions Form (Appendix S.).

E. REQUIREMENTS FOR GRADUATION

The following are the minimum requirements for graduation from the Adult Psychoanalytic Training Program of the SDPC.

1. Satisfactory completion of the academic curriculum, including participation in one year of an ongoing clinical case seminar until graduation.
2. Satisfactory completion of the second year Colloquium. Minimum of three supervised analytic cases with different supervisors.
3. One of the three supervised analytic cases would be carried into a solid midphase under supervision, as determined by the supervisor of the case.
4. Minimum of 200 hours of analytic supervision, with a minimum of 50 hours on each of three cases and at least 50 hours of supervision with both a male and a female patient. In each of these cases, an analytic process must be attained and demonstrated. For candidates in the child program, one child case may substitute for one adult case, as long as it is not meeting the
minimum adult requirements for one male case, one female case and one case in the termination phase. For one or more control cases, it is expected that the candidate will conduct the termination under supervision, even though graduation can occur earlier, based on the case being in the termination phase. The demonstration of clinical competence requires meeting these minimum quantitative requirements, and a meeting of all supervisors to discuss the candidate’s readiness to graduate based on his/her work with control cases (according to the guidelines set forth for candidate progression in Section V. of this manual).

5. Satisfactory quality of analytic work as reported by supervisors and instructors and reviewed by the Education Committee. Consideration will be given to the degree to which the candidate has integrated all parts of psychoanalytic education and developed a psychoanalytic identity.

6. Sufficient personal analysis to ensure that the candidate can independently conduct satisfactory analysis without significant interference from personal unresolved conflicts. While there is no longer a formal, minimum requirement for the number of hours of the candidate’s own analysis, it is expected that the goals of the personal analysis will require an experience lasting at least several years.

7. Payment of all fees and completion of all required case summaries and progress reports.

8. A declaration by the candidate that he/she has received no complaints of ethical violations, or that any said complaints have been satisfactorily resolved.

9. For those who have not yet met the graduation requirements, after eight years from matriculation, a candidate in the Adult & Child & Adolescent Training Programs may opt to graduate from the SDPC as an Associate in Psychoanalysis, provided that s/he has (1) satisfactorily completed all required course work and submitted all case reports; (2) participated in the required personal/training analysis; (3) paid any/all outstanding fees; and (4) conducted analytic work under supervision. By virtue of this status as an Associate in Psychoanalysis, s/he will automatically become a dues-paying member of the Center, with full voting rights and all privileges, including being eligible to teach and to serve on committees, although s/he will not be approved by SDPC to represent herself/himself as a psychoanalyst nor to conduct the independent practice of psychoanalysis. As an Associate in Psychoanalysis, such an individual will be strongly encouraged to continue conducting supervised analyses until s/he meets the requirements for (a) graduation from the SDPC Adult and/or Child & Adolescent Training Programs and (b) certification of the American Psychoanalytic Association.

V. GUIDELINES FOR ASSESSMENT OF CANDIDATE DEVELOPMENT

These Guidelines are intended to aid in the overall assessment of the development of the Candidate as reflected in his/her:
• Confidence in response to the demands and challenges posed by the training program
• Sophistication of thought
• Flexibility of thought
• Technical skills
• Evolution of personal style
• Flexibility of technique
• Tolerance of ambiguity

A. THEORY

GENERAL PRINCIPLE:  The analyst is able to communicate that an organized theory of the mind informs his thinking about normal development and mental functioning, pathogenesis and clinical technique.

• Analyst is able to demonstrate sufficient mastery of standard Psychoanalytic concepts of normal development and mental functioning, pathogenesis and clinical technique as these issues come alive when discussing theoretical issues as well as clinical matters.
• Analyst has knowledge of a range of Psychoanalytic theories: their similarities and differences and the conceptual and/or clinical rationale for their development.
• Analyst demonstrates flexibility and openness to a range of theoretical approaches.
• Analyst develops increasing sophistication in his/her ability to articulate a coherent theoretical rationale for his/her approach to understanding and technique.

B. ASSESSMENT AND DIAGNOSTIC SKILLS

GENERAL PRINCIPLE: The analyst demonstrates the ability to assess the patient’s psychopathology and make clinical/psychoanalytic diagnoses. Assessment ability ranges from superficial assignment of DSM category to capacity to combine descriptive diagnosis with recognition of subtle unconscious and pre-conscious factors influencing behavior.

• Analyst is attuned to developmental, dynamic and structural factors in assessing the manifest material. These considerations may be made within the framework of any generally accepted Psychoanalytic point of view.
• Analyst demonstrates the ability to make an assessment of the patient’s psychopathology and the suitability of the treatment for the patient.
• If there was a previous psychotherapy, the analyst demonstrates an understanding of the effects of this on the analysis.
• Analyst demonstrates the ability to determine if and when the patient might benefit from an assessment for psychotropic medication.
• If medication is recommended, he/she appreciates the complex issues involved and demonstrates the ability to assess the effect of medication on the analysis in general, and upon the transference(s), in particular.

C. FORMULATION AND CONCEPTUALIZATION
GENERAL PRINCIPLE: The analyst demonstrates a working understanding of major psychoanalytic concepts.

- Analyst can elucidate a theory of pathogenesis.
- Analyst demonstrates the ability to make psychodynamic and structural formulations initially and throughout his/her work with the patient.
- Analyst is able to distinguish between evidence and hypotheses.
- Analyst modifies formulations if they are not confirmed in the process of the analysis.
- The use of jargon is avoided.

D. ATTITUDE AND ATTUNEMENT

GENERAL PRINCIPLE: The analyst maintains a non-critical attitude of curiosity, patience and open-mindedness.

- Analyst demonstrates flexibility of thought.
- Analyst conveys a sense of availability to patient.
- Analyst maintains balanced affective involvement – avoids excessive distance and over involvement.
- Analyst demonstrates tact and the capacity to empathize when appropriate.
- Analyst demonstrates tolerance of uncertainty/ambiguity in the ongoing work.

E. TREATMENT ALLIANCE

GENERAL PRINCIPLE: The analyst demonstrates the ability to help the patient engage in analysis and helps to establish a sense of reciprocity and safety of communication that allows for affective enrichment, reflection, and insight.

- The experience of the relationship between patient and analyst is accessible to analysis – whether that relationship is ‘comfortable’ or anything else.
- There is a shared perception that patient and analyst are working towards mutually agreed upon goals.
- There is mutual respect and trust between patient and analyst.
- Analyst responds flexibly yet analytically to patient’s questions, demands, and challenges.
- Analyst demonstrates competence in working within intense transferences (negative, homosexual, eroticized) while maintaining the treatment alliance.
- Analyst demonstrates competence in working creatively and flexibly with same sex patients and with opposite sex patients.
- There is an uncompromising commitment to patient responsibility while maintaining the ongoing work of the analysis.

F. TECHNIQUE

GENERAL PRINCIPLE: The analyst demonstrates competence in interpretive analytic technique.
• Interventions are well worded, succinct and to the point.
• Interventions predominately follow the relevant surface of the patient’s material and/or the analytic context.
• Interventions enhance further understanding and facilitate the ongoing analytic work.
• The analyst demonstrates competence in assessing the effects of interventions.
• Analyst demonstrates skills to convert psychotherapy cases to analytic cases, when appropriate.
• Analyst demonstrates flexibility in technique can modify if/when necessary and can provide a suitable rationale for doing so
• Interventions tend to be experience near without the analyst being overly involved.
• Interventions do not impose the analyst’s own personal agendas.
• Interventions are informed by and consistent with the analyst’s preferred theoretical orientation but are not theory driven.
• Interventions reflect the analyst’s personal style rather than mirroring an admired senior or supervisor.

G. DREAMS AND FANTASY

GENERAL PRINCIPLE: The analyst demonstrates competence in helping the patient to recognize and accept the reality of an inner life, as reflected in dreams, fantasy, and associations.

Analyst demonstrates competence in engaging the patient in the process of association to and reflection on dreams as a significant means of learning about unconscious mental process. Multiple uses of dreams are recognized (serving resistance and transference functions, to signal affect and to convey non-symbolized or unlabeled affective experience, etc.).

• Content and process aspects of dreams are recognized.
• Analyst demonstrates flexible and creative, not concrete, rule driven or symbol driven approach to dreams.

H. TRANSFERENCE

GENERAL PRINCIPLE: The analyst demonstrates understanding that work with transference is central to the analytic work.

• Analyst recognizes and facilitates the development of manifold transferences through the analytic dialogue.
• Analyst demonstrates sensitivity to subtle underlying themes, affects, and transferences.
• Analyst demonstrates the capacity to use transference as a therapeutic tool as shown in the ability to:
  • Interpret within the transference in a sensitive and timely manner.
  • Facilitate increasing depth and complexity in the transference material.
  • Persevere and work analytically in the face of intense and persistent transferences (e.g., aggressive, erotic, erotized, opposite and same sex transferences, etc.).
I. RESISTANCE

GENERAL PRINCIPLE: The analyst demonstrates an understanding of the many meanings and functions of resistance as they manifest themselves in an analysis.

- Analyst demonstrates an understanding of the nuanced and complex aspects of defenses especially as they manifest themselves in relation to the transference.
- Analyst demonstrates competence in working analytically with resistance as a part of the analytic process. He/she demonstrates a recognition and tolerance of the inevitable ways defenses can interfere with knowing, understanding and changing and also recognizes the protective function of defenses.
- Analyst demonstrates recognition of enactments and how they evolve and demonstrates capacity to work analytically with the resolution of enactments.

J. ANALYTIC PROCESS AND PROGRESS

GENERAL PRINCIPLE: The analyst is able to demonstrate how his understanding of the material informed his interventions and how his interactions with the patient caused the analysis to evolve.

- Analyst conveys how the story of the patient’s psychic life unfolds and becomes more coherent as the analysis progresses.
- Analyst demonstrates how the patient’s transferences became more elaborated, expanded in complexity, and expanded the analyst’s understanding of the patient.
- Analyst demonstrates evidence of improvement in the patient’s problems as a result of the analytic process.
- Analyst demonstrates evidence of change in the analysand’s way of perceiving and relating to self and others.

K. ENDING OF THE ANALYSIS

GENERAL PRINCIPLE: The analyst demonstrates the ability to work in the termination phase.

- If the termination process evolved naturally from the analysis, the analyst can explain how the analytic work evolved to the point of a termination process.
- If the analysis comes to a premature termination, but a termination that is nevertheless a result of the analytic progress, analyst can reflect on what was accomplished and what was left undone. (e.g. analysis freed patient to seek career advancement, but this necessitated a move; analysis enabled patient to reengage with spouse who had a job transfer)
- If the analysis is interrupted, the analyst can reflect on the meaning of this interruption.
• If there is a termination process (whether as a result of analytic progress, or premature termination), the analyst understands its distinct components.
• If there is post analytic contact, the analyst demonstrates an understanding of the rationale and dynamics of such.

L. COMMUNICATION SKILLS

GENERAL PRINCIPLE: The analyst’s written and oral presentations demonstrate competence in communicating the increasing complexity of the analytic process.

• Both written and oral presentations demonstrate analyst’s capacity to conceptualize and to convey in an open, informative and compelling manner the patient’s experiences and expressions, the analyst’s responses to these (including what the analyst said to the patient), the patient’s response to the analyst’s interventions and the effects of the analyst’s interventions on the analysis.
• Written or oral presentations demonstrate competence in communicating the rationale, the effect on the analysis, and the ultimate fate of any technical maneuvers, modifications, or parameters utilized.
• Analyst can recognize and can articulate the limitations of the analysis.
• Analyst reflects on possible mistakes, misjudgments, or what, on hindsight would be done differently.

M. CHILD AND ADOLESCENT PSYCHOANALYSIS

GENERAL PRINCIPLE: The analyst demonstrates the capacity to engage in an analytic process with child or adolescent.

• Analyst shows flexibility in maneuvering among developmental needs and transference needs of child/adolescent.
• Analyst demonstrates awareness of the variety of ways the analyst may be used by the child/adolescent and awareness of the various meanings of such.
• Analyst demonstrates competence in framing succinct interpretations in a manner appropriate to the developmental level of child/adolescent.
• In the case of a child/adolescent from a chaotic, deprived or abusive background, or a child/adolescent continuing to live in such an environment where certain ego deficits or caregiver deficits may be present, narrative nevertheless shows analyst’s capacity to establish and maintain a psychoanalytic attitude with child/adolescent and/or caregiver.
• Analyst demonstrates competence in dealing with caregivers in a way that optimizes psychoanalytic work with child/adolescent.

N. ETHICAL CONSIDERATIONS
GENERAL PRINCIPLE: The analyst demonstrates a professional identity with an uncompromising commitment to the highest ethical standards, as reflected in his/her work with patients, colleagues, students, etc.

- Analyst demonstrates awareness of the range of possible boundary violations and possible effects of boundary violations on the analysis.
- Analyst demonstrates recognition of need for personal consultation if issues of possible boundary violations should emerge.
- Analyst demonstrates awareness of ethical principles in relationship with colleagues, supervisees, supervisors and potential students.

O. THE ANALYST’S SENSE OF HIMSELF/HERSELF

GENERAL PRINCIPLE: The compass of the analyst’s work points to the progressive development of an analytic identity.

- Analyst demonstrates awareness of his/her feelings, fantasies, and other reactions to the patient and recognizes that his/her reactions to the patient can affect the patient and the course of the analysis.
- Analyst demonstrates the awareness that his/her reactions to the patient can be sources of information about the patient and the analytic interaction.
- Analyst demonstrates personal flexibility, such as an ability to adapt theoretical position or technique to the needs of the analysand at any given time.
- Analyst demonstrates a capacity for learning and the abilities to self-observe and self-supervise.
- Analyst has awareness of his/her personal limitations and blind spots.
- Demonstrates reflection on benefits or difficulties posed by supervision and appears open to considering these issues in personal analysis, if appropriate.

VI. EVALUATION OF CANDIDATE PROGRESSION

The Education Committee evaluates a candidate’s progress at regular intervals based on reports of the Candidate Progression Committee. Each candidate's progress is reviewed at least twice a year and at times when requests for cases are made. A written summary of the evaluation is recorded in a file kept on each candidate. The file is available for inspection at any time by requesting the administrator to make it available. The candidate's personal psychoanalyst absents him or herself from all discussion about that candidate at any meeting where progression is discussed. After each evaluation the Chairperson or a representative of the Candidate Progression Committee meets individually with each candidate to review the evaluation and to discuss any recommendations made by the Education Committee. The following are among the sources of information that make up the reports of the Progressions Committee to the Education Committee about the candidate’s progression.
A. SEMINAR EVALUATIONS

Following the completion of every course, instructors are asked to evaluate the performance of each candidate. While no formal grades are given or objective criteria used, a candidate's participation in discussion helps instructors to form impressions of a candidate's involvement in the course and grasp of the material. A sample of the form used by instructors can be found in Appendix G. The instructor's report on each candidate will be filed in the candidate's folder.

B. REPORTS OF SUPERVISORS

Once yearly there will be a teleconference of all active supervisors (and faculty members?) to evaluate the candidate's analytic work. A reporter from that teleconference, will fill-in the annual supervisory form. Please see the form in the Appendix (put an appendix letter in here Michelle and the new form) to view the specific criteria being evaluated. Each supervisor will discuss this annual report with the candidate they supervise, highlighting the individual issues relevant to their control case. If needed, supervisors, candidates, and/or the Progressions Committee may be in contact in the interim between the yearly supervisory teleconferences.

C. INDIVIDUAL'S PERSONAL ANALYST DOES NOT PARTICIPATE IN THE EVALUATION OF CANDIDATE PROGRESSION.

To reiterate what was stated earlier, the individual's personal analyst is not permitted to participate in any way or to provide any information regarding the above progression matters or decisions. Only attendance records are maintained.

D. CLINICAL ASSOCIATES WHO FALL BEHIND IN TRAINING

Sometimes a clinical associate falls behind in training. This may be a result of missing seminars, failing to keep up with seminar reading requirements, poor colloquium performance, failing to submit quarterly and semi-annual reports of supervised analysis, failing to pay tuition, failing to begin supervised clinical work in a timely fashion, failing to seek supervision in a timely way during the assessment of a potential control case, and the like. In the case of any such circumstances, the Candidate Progression Committee will hold personal interviews in order to ascertain the problem and to make suggestions. The committee will reevaluate such a situation in six months. Failure to pick up pace or to show reasonable involvement, motivation, and responsibility will give cause to consider interruption or termination of the candidate's training. Any candidate may discuss their concerns about progress with their Faculty Advisor, Chairperson of the Candidate Progression Committee, or the Director or Assistant Director of Education.

E. CANDIDATE'S EVALUATION OF SEMINAR AND SEMINAR INSTRUCTORS

The candidate is regularly asked to evaluate seminars and seminar instructors. The assessment form is included as Appendix J.
CHILD & ADOLESCENT PSYCHOANALYTIC TRAINING

Although the technique of psychoanalytic treatment of children and adolescents may differ in some respects from that employed with adults, treatment is nevertheless based on the same general and clinical theory as that of adults. Specific training in child and adolescent analysis teaches how the technique originally derived from the analysis of adults can be adapted to the analysis of children and adolescents, taking into account phase specific developmental characteristics. Such training enables candidates to become clinically competent in the application of psychoanalytic theory to the emotional problems of the child and adolescent.

Each candidate will learn how to form an appropriate alliance with the child and adolescent. In the case of the child, the candidate will help the child move from play to verbalization and toward interpretation, to understand how the child experiences the analyst as the object of a variety of transferences, as an auxiliary ego, or as an auxiliary superego. During training, the child analyst should also learn to verbalize the child's perceptions of the external world and internal world in such a manner that integrative and adaptive resources may be strengthened and the child's impulses may be both gratified and controlled in a more effective manner.

The work of the analysis should permit the child and adolescent to recover and reconstruct repressed conflicts and experiences, and ultimately to overcome the regressive impulses and defenses that impede optimal growth and adaptation. The overall emphasis is on the patient's inner life and on those conditions and techniques of child and adolescent analysis which permit the analysis of transference manifestations as the means of advancing the patient's self understanding and the return to the path of normal development.

A. REQUIREMENTS FOR ADMISSION

An applicant for admission shall be an active candidate or graduate of an accredited institute of the American Psychoanalytic Association. Prior to training, the candidate shall have gained considerable familiarity with the psychology, development, and diagnosis of normal and pathological conditions in children. This experience may be acquired through training in child psychiatry or effectively supervised experiences with children in a variety of settings, e.g., pediatric services, schools, and day care nurseries. Since it is highly desirable that a candidate be engaged in Personal Psychoanalysis during some or all of the child and adolescent supervised case experience, candidates should begin child training as early as possible after beginning adult training.

B. PROGRESSION REQUIREMENTS FOR THE COMPLETION OF TRAINING

Training in the psychoanalysis of children and adolescents at various stages of their development requires special didactic courses and supervision beyond the regular courses offered and required in the training program for adult analysis. Candidates may discuss their concerns about training in child and adolescent analysis with the Chairperson of the Child and Adolescent Analysis Committee or with the Director or Assistant Director of Education.
Didactic Seminars - The curriculum in adult analysis includes courses in child and adolescent development. Candidates in child and adolescent analysis have additional courses in the basic literature, psychopathology, and theory and technique of child and adolescent analysis.

Continuous Case Seminars - Attendance at continuous case seminars of child and adolescent analysis is required throughout the training experience in child analysis.

Supervision - Candidates in child and adolescent analysis are asked to do sufficient clinical work under supervision to demonstrate satisfactory competence in the analysis of children and adolescents. Selection of cases is determined by written initial report and by presentation to a child supervisor. The following is required:

Analysis of at least three patients under supervision, including one of each sex, with one begun during and one begun during adolescence. The frequency of sessions is the same as adult analysis, at least four times per week.

Working experience with at least two but preferably three supervisors.

Supervision weekly for at least one year with the first supervised case. Subsequent cases may be supervised at a frequency determined by candidate and supervisor. Each of the three cases should extend over a period of no less than one year. A minimum of 50 supervisory hours on each case is required and a minimum of 150 hours for the total supervisory experience with the three cases is required. It is recommended that at least one case be supervised into the termination phase of the analysis. Case progress reports should follow the same guidelines as those specified for the adult psychoanalytic program (see III.C #7).

In order to graduate from the child analytic program, the clinical associate should have graduated or simultaneously be graduating from the adult training program.
PROFESSIONAL ETHICS

Becoming aware of the broad range of ethical guidelines, expectations and responsibilities for a psychoanalyst is part of a candidate's obligation to SDPC and to the profession. All psychoanalysts and clinical associates are expected to be familiar with and to comply with the "Principles of Ethics for Psychoanalysts," as established by the American Psychoanalytic Association. A copy is included as Appendix D.

NORVELLE LA MAR MEMORIAL LIBRARY

The Norvelle C. La Mar Memorial Library is built around a nucleus of books donated by the widow of Dr. Norvelle La Mar in 1965. The primary purpose of the library is to provide a source of psychoanalytic books and journals to meet the seminar and research needs of clinical associates and faculty. Present holdings include well over 2,000 books in the field of psychoanalysis. All books are indexed by author and title. Complete bound sets of the major psychoanalytic journals remain in the library for reference only, while additional sets of unbound journals are for circulation. The Chair of the Library welcomes suggestions from candidates and faculty about books to be added and library policy. The "Title Key Word and Author Index" is available for reference. Books and journals may be checked out for 30 days.

In September 1985, the Institute opened the Ralph R. Greenson Memorial collection. This collection, housed in locked glass cabinets, contains Dr. Greenson's library, copies of his own works, and psychoanalytic memorabilia that he collected. The collection was a gift of Mrs. Hildi Greenson.

EM LIPPETT PSYCHOANALYTIC REFERRAL SERVICE

The E. M. Lippett Psychoanalytic Referral Service was established to provide a high quality treatment service to the community in the form of reduced fee psychoanalysis for a limited number of adults, adolescents, and children found suitable for supervised psychoanalysis. It also hopes to provide a structure within which qualified analysts in training are referred suitable patients for supervised analysis, following an evaluation of prospective patients. Finally, the Referral Service wishes to promote education and research into problems of evaluation, suitability for analysis, and analyzability.

All members of the Institute participate in supporting the Referral Service through involvement in the assessment, treatment, and supervision of patients enrolled in the Referral Service. Any clinical associate who has been approved to undertake supervised analysis and any graduate analyst is eligible to receive referrals.
MEMBERSHIP IN SDPC

Affiliate Membership in SDPC shall be open to all candidates as long as they are matriculated in psychoanalytic training in a psychoanalytic training institute accredited by the American Psychoanalytic Association.

THE AMERICAN PSYCHOANALYTIC ASSOCIATION

A. MEMBERSHIP

Upon matriculation, Candidates are invited to join the American Psychoanalytic Association as an Affiliate member. As members, Candidates are encouraged to participate in both the scientific and administrative aspects of the organization. At the time of graduation, Affiliate Members are eligible to become full voting members. However, although an Affiliate Member has full voting rights, he/she may not serve as a Fellow on the Board on Professional Standards or on the Executive Council nor be an officer of the Association.

B. CERTIFICATION

1. Eligibility. Applicants must be active members of the American Psychoanalytic Association and a graduate of an accredited training program such as SDPC. The Standards, Procedures and Guidelines for certification are found in Appendix Q.


3. The Committee on Certification meets to review applications twice each year, at the December and May meetings of the Association. Deadlines for submission of applications are September 15 for the January meeting and January 15 for the June meeting.

4. Certification Assistance Committee. The Certification Assistance Committee of the SDPC is available to consult with and help any analyst preparing to apply for certification.

5. Certification in Child & Adolescent Psychoanalysis: Upon graduation from the child and adolescent psychoanalytic training program, the graduate analyst may apply to the APsaA Board of Professional Standards for certification. The same evidence of competency is required; namely, satisfactory completion of course and supervised clinical work, and reports of cases must be submitted to the Certification Committee of BOPS.
SDPC ORGANIZATIONAL STRUCTURE

A Board of Directors elected by the SDPC membership governs the SDPC. A listing of officers, committees, faculty and members is found in Appendix R. The Education Committee administers the training programs in psychoanalysis and psychoanalytic psychotherapy.

A. EDUCATION COMMITTEE

The Education Committee consists of 12 analysts elected by the regular Faculty of the SDPC. The Director of Education is always a Training Analyst.

The Education Committee, chaired by the Director of Education, has jurisdiction over all educational activities of the SDPC. The subcommittees are often chaired by members of the Education Committee and constitute the functional elements of the educational system. Subcommittees report to the Education Committee on all aspects of admissions, candidate evaluation and progression, recommendations for graduation, faculty appointments and evaluation, curriculum content and teaching assignments, and training standards.

B. SUBCOMMITTEES OF THE EDUCATION COMMITTEE

1. Admissions Committee

The functions of the Admissions Committee are to receive and process applications for full or didactic psychoanalytic training. When the Committee determines that the applicant meets the requirements, it requests letters from persons listed as references and arranges for interviews with members of the faculty of the Institute. The completed application and other data are then presented to the Education Committee for definitive action.

2. Candidate Progression Committee

The Candidate Progression Committee consists of five to six experienced analysts selected by the Chairperson of the Education Committee. The Committee evaluates each candidate at least every six months, in keeping with the standards of the program and the American Psychoanalytic Association. In this process, course evaluations and supervisor reports are reviewed. The results of the review are reported to the Education Committee and the candidate.

3. Curriculum Committee

The Curriculum Committee has the responsibility for designing and evaluating the curriculum of the Psychoanalytic Training Program and for the assignment of faculty members to teach the courses. Evaluations of the curriculum are based on clinical associate reports, faculty reports, colloquium results, and information derived from the Education Committee through its Candidate Evaluation Committee and other sources. Evaluations include the scope and purpose of the courses, the bibliographies, the teaching effectiveness, and any other matters related to the goal of thorough in-depth communication of psychoanalytic knowledge and skill.
4. Faculty Committee

The Faculty Committee is composed of members from the Education Committee, the faculty, and the clinical associates and is charged with evaluation and improvement of teaching, as well as presenting appropriate reports and recommendations to the Education Committee for faculty advancement and procedural changes. In addition, this Committee will discuss with faculty members summaries of reports relevant to their teaching and will be available for discussions initiated by faculty members. The Committee seeks candid in-depth assessment of instructors' performances in each seminar; in this regard, evaluations are obtained from both clinical associates and the instructors themselves at the close of every quarter. The Committee believes that the faculty's serious consideration of direct, thoughtful, timely criticism of the seminars and of the instruction is one of the best guarantees of an effective program to fulfill essential educational goals. The Faculty Chair, who is elected by the entire faculty, makes appointments to the Faculty Committee, calls meetings of the Faculty Committee and of the entire faculty as necessary.

5. Child Analysis Committee

The Child Analysis Committee consists of at least three graduate child analysts, and is responsible for implementing the Child and Adolescent Psychoanalytic Training program. Evaluation of applicants for admission and progression, as well as establishment of the curriculum in Child Psychoanalysis, is coordinated with other Education Committee subcommittees. In addition, the Child Analysis Committee sponsors occasional conferences and meetings of interest to child analysts.

6. Certification Committee

The mission of the Certification Committee is to encourage all graduate analysts at SDPC to obtain certification of the American Psychoanalytic Association, with the aim of encouraging the career development of all the members at SDPC and participation in the American Psychoanalytic Association.
LIST OF APPENDICES

A. Graduates of the Adult & Child/Adolescent Psychoanalytic Training Programs
B. Graduates of the Psychoanalytic Psychotherapy Training Programs
C. SDPC Bylaws
D. Principles of Ethics for Psychoanalysts
E. Curriculum Outline
F. Assessment Outline for Initial Evaluation
G. Evaluation of Candidate by Seminar Instructor(s)
H. Evaluation of Supervision by Candidate
I. Evaluation of Supervision by Supervisor
J. Evaluation of Course and Instructor by Candidate
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L. Faculty and Member list
M. Mid-phase Criteria
N. Patient Consent Form (Adult)
O. Patient Consent Form (Child)
P. Candidates’ Semi-Annual Report Form
Q. Candidates’ Quarterly Report Form
R. Candidates’ Termination Report Form
S. Candidate Progressions Form
T. Provider Confidentiality Form
U. Candidate’s Quick Reference Guide for Clinical Cases
V. 1st Quarterly Report Sample
W. 2nd Quarterly Report Sample
X. Semi-Annual Report Sample
## APPENDIX A

**GRADUATES OF THE ADULT PSYCHOANALYTIC TRAINING PROGRAM**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Graduated</th>
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<tbody>
<tr>
<td>1. Alvin Robbins, MD*</td>
<td>September, 1975</td>
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<tr>
<td>2. Haig Koshkarian, MD*</td>
<td>February, 1976</td>
</tr>
<tr>
<td>3. Burton J. Conn, MD</td>
<td>June, 1976</td>
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<tr>
<td>4. Leroy Jaret, MD</td>
<td>December, 1976</td>
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<tr>
<td>5. Harry B. Woods, MD*</td>
<td>April, 1977</td>
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<tr>
<td>7. James L. Morris, MD*</td>
<td>September, 1979</td>
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<tr>
<td>8. Gary Shepherd, MD</td>
<td>June 2, 1980</td>
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<tr>
<td>10. Donald L. Kripke, MD</td>
<td>November 3, 1980</td>
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<tr>
<td>11. Edward Fields, MD</td>
<td>November 18, 1980</td>
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<tr>
<td>13. Davis Suskind, MD</td>
<td>June 1, 1981</td>
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<tr>
<td>14. Mark Leffert, MD*</td>
<td>June 1, 1981</td>
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<tr>
<td>15. Eli Miller, MD*</td>
<td>October 5, 1981</td>
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<tr>
<td>16. Joel Rosen, MD</td>
<td>January 11, 1982</td>
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<tr>
<td>17. Paul Keith, MD</td>
<td>October 4, 1982</td>
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<td>18. Craig A. Brown, MD</td>
<td>October 22, 1982</td>
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<tr>
<td>20. Phyllis Tyson, PhD* / **</td>
<td>July 2, 1984</td>
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<td>21. Michele Stewart, MD*</td>
<td>September 10, 1984</td>
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<td>22. Stephen Silk, PhD*</td>
<td>February 4, 1985</td>
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<td>23. Robert Schannon, MD</td>
<td>July 1, 1985</td>
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<td>24. Joanne Callan, PhD*</td>
<td>December 2, 1985</td>
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<td>25. David A. Olenik, MD</td>
<td>November 3, 1986</td>
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<td>27. Judith Braun, MD</td>
<td>October 5, 1987</td>
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<tr>
<td>28. Richard Bucagross, MD</td>
<td>November 2, 1987</td>
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<tr>
<td>29. Alan Sugarman, PhD* / **</td>
<td>April 4, 1988</td>
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<tr>
<td>30. Jay H. Shaffer, MD</td>
<td>April 4, 1988</td>
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<td>31. Robert W. Keller, MD</td>
<td>June 6, 1988</td>
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<td>32. Don Houts, MD</td>
<td>January 8, 1990</td>
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<td>33. Thomas A. Hessling, MD</td>
<td>March 4, 1991</td>
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<tr>
<td>34. Nadine Levinson, DDS*</td>
<td>June 3, 1991</td>
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<td>35. Adaline E. Corrin, MD*</td>
<td>November 4, 1991</td>
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<td>36. Diane Hoye Campbell, MD</td>
<td>November 4, 1991</td>
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<tr>
<td>37. Sally L. Hall, MD</td>
<td>November 4, 1991</td>
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<tr>
<td>38. Guy Russell, MD</td>
<td>March 1, 1993</td>
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<tr>
<td>39. Bryan E. Bruns, MD</td>
<td>February 7, 1994</td>
</tr>
<tr>
<td>40. Gay Parnell, PhD*</td>
<td>February 7, 1994</td>
</tr>
<tr>
<td>41. James Beatrice, PhD</td>
<td>February 6, 1995</td>
</tr>
<tr>
<td>42. Lee S. Jaffe, PhD*</td>
<td>October 7, 1996</td>
</tr>
<tr>
<td>43. Jaga Nath Glassman, MD</td>
<td>November 10, 1997</td>
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<td>44. Mark Cerbone, MD</td>
<td>September 7, 1998</td>
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</table>
45. Keith Kanner, PhD June 7, 1999
46. Virginia Livesay, PhD June 7, 1999
47. Melford Spiro, PhD June 7, 1999
48. Claudia Law-Greenberg, PhD May 1, 2000
49. Judith Hughes, PhD January 8, 2001
50. Steven Elig, MD May 7, 2001
51. Barbara Rosen, PhD* April 7, 2003
52. Holly McMillan, PhD April 7, 2003
53. David Diamond, PhD April 7, 2003
54. Timothy Rayner, MD* May 5, 2003
55. Gordon Caras, PhD May 3, 2004
56. Maria Ritter, PhD December 6, 2004
57. Martha Peck, PhD June 13, 2005
58. Caroline De Pottel, PhD LCSW* June 13, 2005
59. Felise Levine, Ph.D. June 8, 2006
60. Angellina Marrelli, LCSW June 8, 2006
61. David Goldberg, Ph.D. June 8, 2006
62. Martha Reynolds, LCSW September 8, 2007
63. Scott Boles, Ph.D. May 23, 2010
64. Mojgan Khademi, Psy.D. May 23, 2010
65. Harry Polkinhorn, Ph.D. September 10, 2011
66. Daniel Blaess, Ph.D. May 11, 2012
69. In-Soo Lee, M.D. (Academic Graduate) June 29, 2013
71. Boscana, Deisy, Ph.D. June 29, 2013
73. Cohen, Alain, Ph.D. June 29, 2013
74. Hall, Roderick, Ph.D. June 29, 2013
75. Masse, Monique, M.D. June 29, 2013
76. Sweet, Hannah, M.D. June 29, 2013
77. Thomas, Jeffrey, LCSW June 29, 2013
78. Weiss, Laura, Ph.D. June 29, 2013
79. Mason, James, MFT July 3, 2013
80. In-Soo Lee, M.D. (Psychoanalytic Associate) June 14, 2014
81. RD Dipp, D.O. June 13, 2015
82. Jung-In Ko, M.D. June 13, 2015

* Adult Certification by the American Psychoanalytic Association
** Child Certification by the American Psychoanalytic Association

Graduates of the SDPC Child & Adolescent Psychoanalytic Program

<table>
<thead>
<tr>
<th>Candidate</th>
<th>Graduation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Paul Keith, MD</td>
<td>June 1, 1987</td>
</tr>
<tr>
<td>2. Alan Sugarman, PhD</td>
<td>June 6, 1988</td>
</tr>
<tr>
<td>4. Joanne E. Callan, PhD</td>
<td>October 1, 1990</td>
</tr>
<tr>
<td>5. Bryan Bruns, MD</td>
<td>March 1, 1999</td>
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</table>
6. Keith Kanner, PhD  November 1, 1999
7. Steven Elig, MD  May 7, 2001
8. Lee Jaffe, PhD  November 11, 2003
9. Gordon Caras, PhD  June 8, 2006
10. Scott Boles, Ph.D.  May 23, 2010
11. Rick Hall, PhD  September 10, 2011

APPENDIX B.

GRADUATES OF THE PSYCHOANALYTIC PSYCHOTHERAPY PROGRAM

<table>
<thead>
<tr>
<th>Name</th>
<th>Graduation Date</th>
<th>Membership Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda Eaton, PhD</td>
<td>Nov 6, 1986</td>
<td>March, 1995</td>
</tr>
<tr>
<td>Civia Gordon, MSW</td>
<td>Nov 6, 1986</td>
<td></td>
</tr>
<tr>
<td>Charlotte Lewis, MSW</td>
<td>Nov 6, 1986</td>
<td>Apr 23, 1990</td>
</tr>
<tr>
<td>Barbara Rosen, PhD</td>
<td>Nov 6, 1986</td>
<td>Apr 23, 1990</td>
</tr>
<tr>
<td>Nancy Acker, PhD</td>
<td>June 25, 1987</td>
<td>Jan 18, 1993</td>
</tr>
<tr>
<td>Gay Parnell, PhD</td>
<td>June 25, 1987</td>
<td>Apr 22, 1991</td>
</tr>
<tr>
<td>Gil Spielberg, PhD</td>
<td>June 25, 1987</td>
<td></td>
</tr>
<tr>
<td>Manuel Tobias, PhD</td>
<td>Dec 10, 1987</td>
<td>Jan 15, 1990</td>
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<tr>
<td>Mary Jane Norcross Omens, LCSW</td>
<td>Dec 8, 1988</td>
<td></td>
</tr>
<tr>
<td>Susan Richards, LCSW (Resigned)</td>
<td>Dec 8, 1988</td>
<td>Jul 9, 1990</td>
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<tr>
<td>Marjorie F. Milstein, MSW</td>
<td>June 1, 1990</td>
<td>Jun 28, 1993</td>
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<tr>
<td>Ellen B. Margolis, PhD</td>
<td>Nov 1, 1990</td>
<td>Sept 21, 1992</td>
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<tr>
<td>Peter LiBero, PhD</td>
<td>Nov 1, 1990</td>
<td>Jul 17, 1991</td>
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<td>Lee S. Jaffe, PhD</td>
<td>Nov 16, 1990</td>
<td>Jan 14, 1991</td>
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<tr>
<td>DeDe Herst, MSW (Resigned)</td>
<td>Dec 7, 1990</td>
<td>Apr 22, 1991</td>
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<tr>
<td>Russell Federman, PhD</td>
<td>May 1, 1991</td>
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<tr>
<td>Amy Beth Horne, PhD</td>
<td>Sept 6, 1991</td>
<td>May 9, 1994</td>
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<tr>
<td>Jean Beth Houts, LCSW (Resigned)</td>
<td>Sept 11, 1991</td>
<td>May 18, 1992</td>
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<tr>
<td>Sheila A. Sharpe, PhD</td>
<td>Oct 18, 1991</td>
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<tr>
<td>Michelle M. Banta, MD</td>
<td>Dec 11, 1991</td>
<td>Jan 20, 1992</td>
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<tr>
<td>Elizabeth Taylor-Huey, MSW</td>
<td>October 16, 1992</td>
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<tr>
<td>Joanne Frankel, MD</td>
<td>January 22, 1993</td>
<td>Mar 21, 1994</td>
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<tr>
<td>Irma Mary Howarth, LCSW</td>
<td>February 4, 1994</td>
<td>May 9, 1994</td>
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<tr>
<td>Louise Lewis, LCSW</td>
<td>April 15, 1994</td>
<td>May 9, 1994</td>
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<tr>
<td></td>
<td>Name</td>
<td>Date of Appointment</td>
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<tr>
<td>29.</td>
<td>Sonya Hintz, MD</td>
<td>April 18, 1994</td>
</tr>
<tr>
<td>30.</td>
<td>Margaret A. Bouher, MSW</td>
<td>April 26, 1994</td>
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<tr>
<td>31.</td>
<td>Linda J. Helinski, PhD</td>
<td>May 6, 1994</td>
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<tr>
<td>32.</td>
<td>Christine Ferrera, PhD</td>
<td>Dec 16, 1994</td>
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<tr>
<td>33.</td>
<td>Teri Wright, PhD</td>
<td>Jan 24, 1995</td>
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<tr>
<td>34.</td>
<td>Caroline dePottel, LCSW</td>
<td>June 10, 1995</td>
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<tr>
<td>35.</td>
<td>Robert Burgess, PhD</td>
<td>June 10, 1995</td>
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<tr>
<td>37.</td>
<td>Felise Levine, PhD</td>
<td>June 7, 1997</td>
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<tr>
<td>40.</td>
<td>Anne Uphoff, PhD</td>
<td>June 3, 2000</td>
</tr>
<tr>
<td>41.</td>
<td>Tara Robbins, PhD</td>
<td>June 3, 2000</td>
</tr>
<tr>
<td>42.</td>
<td>Tina Boughton, MFT</td>
<td>May 7, 2001</td>
</tr>
<tr>
<td>43.</td>
<td>Marky Reynolds, LCSW</td>
<td>May 7, 2001</td>
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<tr>
<td>44.</td>
<td>Janine Becker, LCSW</td>
<td>June 2, 2001</td>
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<td>45.</td>
<td>Sandra Doron, LCSW</td>
<td>May 6, 2002</td>
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<tr>
<td>46.</td>
<td>Bradley Strawn, PhD</td>
<td>June 13, 2005</td>
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<tr>
<td>47.</td>
<td>Lisa Auslander, PhD</td>
<td>June 8, 2006</td>
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<tr>
<td>48.</td>
<td>Therese Reichert, PhD</td>
<td>Sept 8, 2007</td>
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<tr>
<td>49.</td>
<td>Stephanie Nigh, MFT</td>
<td>Sept 8, 2007</td>
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<tr>
<td>51.</td>
<td>Stamatia Daroglu, Ph.D. (Academic Track)</td>
<td>May 23, 2010</td>
</tr>
<tr>
<td>52.</td>
<td>Alana Iglewicz, MD (Academic Track)</td>
<td>Sept 10, 2011</td>
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<tr>
<td>53.</td>
<td>Mi-Seon Park, MA (Academic Track)</td>
<td>Sept 10, 2011</td>
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<tr>
<td>54.</td>
<td>Mariela Shibley, PsyD (Academic Track)</td>
<td>May 12, 2012</td>
</tr>
<tr>
<td>55.</td>
<td>Kirsti Senac, MFT</td>
<td>June 29, 2013</td>
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<tr>
<td>56.</td>
<td>Michelle Kole, PhD (Academic Track)</td>
<td>May 12, 2012</td>
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<tr>
<td>57.</td>
<td>Heather Collins, MSW (Academic Track)</td>
<td>June 29, 2013</td>
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<tr>
<td>58.</td>
<td>Shannon Gilbride, MFT (Academic Track)</td>
<td>June 29, 2013</td>
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<tr>
<td>59.</td>
<td>Jesus Gonzalez, PhD (Academic Track)</td>
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<tr>
<td>60.</td>
<td>Lisa Kutner, MD (Academic Track)</td>
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<tr>
<td>61.</td>
<td>Roseann Larson, LCSW (Academic Track)</td>
<td>June 29, 2013</td>
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<tr>
<td>63.</td>
<td>Shannon Gilbride,MS (Clinical Track)</td>
<td>June 14, 2014</td>
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<td>Roseann Larson, LCSW (Clinical Track)</td>
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<td>65.</td>
<td>Ed Lowery, LCSW (Clinical Track)</td>
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<td>66.</td>
<td>Dana Mendel, Ph.D. (Clinical Track)</td>
<td>June 14, 2014</td>
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<tr>
<td>67.</td>
<td>Rebecca Buller, Ph.D. (Clinical Track)</td>
<td>June 14, 2014</td>
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<td>68.</td>
<td>Sean Ryan, M.D. (Clinical Track)</td>
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<td>Margaret Sawires, Psy.D. (Clinical Track)</td>
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<td>70.</td>
<td>Silvia Rodriguez (Clinical Track)</td>
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<td>71.</td>
<td>Barbara Kelly, Ph.D.</td>
<td>June 13, 2015</td>
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<tr>
<td>73.</td>
<td>Jessica Sperber, M.D.</td>
<td>June 13, 2015</td>
</tr>
</tbody>
</table>
APPENDIX C.

BYLAWS

of the

SAN DIEGO PSYCHOANALYTIC CENTER
A California Nonprofit Public Benefit Corporation

as amended through April 10, 2015
ARTICLE 1

PURPOSES

Section 1.1---General Purposes

This corporation shall be operated exclusively for charitable, educational and scientific purposes within the meaning of Section 501 (c) (3) of the Internal Revenue Code of 2011.

Section 1.2---Specific Purposes
The specific purposes and objectives of the Corporation are:

Provide training and continuing education of psychoanalysts and psychoanalytic psychotherapists within a respectful atmosphere for learning, in accordance with the standards established by the American Psychoanalytic Association ("Association").

Serve the mental health needs of our multi-cultural and diverse San Diego community.

Promote the understanding of and regard for psychoanalytic treatments and points of view in the mental health community and in the community-at-large.

Support and enrich the professional lives of our members within a collegial community setting, with respect for the diversity of views.

Facilitate the availability of psychoanalytically oriented services to patients, programs and institutions.

Advance psychoanalytic knowledge and practice through writing, research and public presentations.

ARTICLE II

OFFICE

Section 2.1---Principal Office

The principal office for the transaction of the business of the Corporation shall be located at such place in the County of San Diego, State of California, as the Board shall from time to time fix and designate.
Section 2.2---Other Offices

Branch or subordinate offices may, at any time, be established by the Board at any place or places.

ARTICLE III

MEMBERS

Section 3.1---Classes of Membership

a. Psychoanalyst membership is open to graduates of psychoanalytic institutions accredited by the American Psychoanalytic Association or to individuals who are full psychoanalyst members of the American Psychoanalytic Association by virtue of demonstrating substantially equivalent training, and who live in California.

b. Psychotherapist membership is open to individuals who have graduated from the SDPC Psychoanalytic Psychotherapy Program.

c. Life Psychoanalyst or Life Psychotherapist membership may be conferred on any Psychoanalyst or Psychotherapist member who has reached the age of seventy years. Life members shall have all the respective privileges of Psychoanalyst or Psychotherapy membership.

d. Life Psychoanalyst (retired) or Life Psychotherapist (retired) membership may be conferred on any Psychoanalyst or Psychotherapy member who has reached the age of eighty years or at the discretion of the Board (by the Board of Directors). Life members shall have all the privileges of Psychoanalyst or Psychotherapy membership. Life members are not required to pay dues.

e. Psychoanalyst Associate membership shall be open to those individuals who graduate from the SDPC adult psychoanalytic program as Associate in Psychoanalysis.
f. Graduate Academic membership is open to individuals from academic disciplines who have undertaken psychoanalytic education to enhance their work. The individual must have satisfactorily completed the adult psychoanalytic curriculum specified by the Education Committee for persons from academic disciplines, a curriculum which excludes the conducting of supervised analyses but which requires the completion of a personal psychoanalysis conducted by a training psychoanalyst.

g. Academic Associate membership shall be open to those individuals who have completed the full didactic curriculum for psychoanalytic or psychotherapy training at an institution accredited by the Association.

h. Psychoanalyst Affiliate membership shall be open to those individuals who have begun psychoanalytic training in a psychoanalytic training institution accredited by the Association. A Psychoanalyst Affiliate member whose training is interrupted or discontinued before completion, regardless of the cause or reason for doing so, shall automatically become ineligible for such membership, and that membership shall terminate immediately. Termination of Psychoanalyst Affiliate membership shall not entitle the individual to any procedural rights.

i. Psychotherapist Affiliate membership shall be open to those individuals who are in training in the Psychoanalytic Psychotherapy Program. A Psychotherapy Affiliate member whose training is interrupted or discontinued before completion, regardless of the cause or reason for doing so, shall automatically become ineligible for such membership, and that membership shall terminate immediately. Termination of Psychotherapy Affiliate membership shall not entitle the individual to any procedural rights.

j. Corresponding membership may be extended both to graduate psychoanalysts who would otherwise qualify for Psychoanalyst membership and to graduates of the Psychoanalytic Psychotherapy Program who live outside California.

k. Honorary membership may be conferred on any individual who has made an outstanding contribution to psychoanalysis or to the dissemination of its findings. Honorary members shall not be required to pay dues.

l. Special membership shall be open to lay or professional persons not eligible
for other categories of membership who may make or have made a significant contribution toward the activities and goals of the Corporation.

m. Friend of SDPC membership is open to interested laypersons, professionals and students in the mental health field, as well as other professions, with the aim of enriching and broadening SDPC as an organization. While there are no dues donations are encouraged.

n. Student membership is open to any full-time student.

o. Associate membership is open to any licensed mental health clinician.

p. Inactive membership is automatically conferred according to provisions in section 3.11. Member privileges, all new SDPC activities and further dues assessment are all suspended.

Section 3.2---Application

a. Application for membership to any eligible class of membership may be made at any time by any qualified applicant, or any active member may nominate an individual to any class membership for which he/she may be eligible. Except for nominees for honorary membership or advancement to life membership, or as provided in Section 3.4, a nominee for membership shall be required to fill out a membership application. Completed applications shall be transmitted to the Membership Committee which shall inquire into the standing of each applicant and make a report and recommendation to the Board. The applicant shall have the burden of producing adequate information for a proper evaluation.

b. Upon receipt of the completed application, and the report and recommendation of the Membership Committee, the Board, shall consider the application for membership. The Board, by majority vote, shall accept such application, deny membership or defer the application for further investigation. In cases of rejection, the Board’s action shall not be deemed final until the applicant has exercised or waived his/her rights pursuant to subsection "d" below.
c. The Secretary of the Corporation shall notify the applicant and the appropriate officials of the Association of the results of the election within thirty (30) days of the final determination of the applicant’s acceptance, rejection, or deferral for membership.

d. Applicants who are rejected may appeal according to Section 3.14.c. of the Bylaws. A right to appeal shall be deemed waived if a request to appeal is not forwarded to the Corporation’s Secretary by certified mail within ten (10) days of notice of rejection. Rejected applicants who wish to reapply for membership to the Corporation must wait at least one (1) year before doing so.

Section 3.3—Conditions of Membership

a. Signifies his/her willingness to appear for interviews in regard to his/her application or continuing membership.

b. Authorizes the Corporation to consult with others and to inspect records and documents that may aid the Corporation in examining the standing of the applicant.

c. Releases from any liability all Corporation representatives for their acts performed in evaluating the applicant and releases from any liability all individuals and organizations who provide information to the Corporation concerning his/her qualifications and fitness.

d. Authorizes and consents to the Corporation providing the Association or any other professional society, association or licensing board with any information relevant to those organizations’ purposes, and releases the Corporation from liability for so doing.

e. Agrees to respect and maintain the confidentiality of all discussions, deliberations, records and information related to the peer review, ethics and other activities of the Corporation in connection with the evaluation of fitness for membership, and not to disclose voluntarily any such information to anyone, except to persons authorized to receive it in the conduct of the Corporation’s business. Violation of this Section may result in involuntary termination pursuant to Section 3.13 of these Bylaws.
Section 3.4---Meetings of Members

a. The members shall have an annual meeting at least one (1) time a year, in March, unless otherwise designated by the President and approved by the Board. The Meeting of members shall be held at any place with or without of California designated by the Board, provided however, that if the Board selects a place outside of San Diego County it must be with the written consent of ten percent (10%) of the members entitled to vote. If not so designated, the meeting shall be held at the principal office of the Corporation. The Board shall establish the date and the time of such meetings.

b. A special meeting of the members may be called at any time by any of the following: the Board, the President, or by five percent or more of the voting members. If a special meeting is called by members other than the President, the request shall by submitted by such members in writing, specifying the general nature of the business proposed to be transacted, and shall be delivered personally or sent by registered mail or by telegraphic or other facsimile transmission to the President, the Vice-President or the Secretary of the Corporation. The officer receiving the request shall cause notice to be promptly given to the members entitled to vote, in accordance with the provisions of Section 3.5 that a meeting will be held, and the date for such meeting, which date shall be not less than 35 nor more than 90 days following the receipt of the request, the persons requesting the meeting may give the notice. Nothing contained in this subsection shall be construed as limiting, fixing or affecting the time when a meeting of members may be held when the meeting is called by action of the Board.

Section 3.5---Notice of Meetings

a. All notices of meetings shall be sent or otherwise given in accordance with this Article not less than 10 or more than 90 days before the date of the meeting. The notice shall specify the place, date, and hour of the meeting and (i) in the case of a special meeting, the general nature of the business to
be transacted, and no other business may in that case be transacted, or (ii) in the case of the annual meeting, those matters which the Board, at the time of giving the notice, intends to present for action by the members.

b. If action is proposed to be taken at any meeting for approval of any of the following proposals, the notice shall also state the general nature of the proposal. Member action on such items is invalid unless the notice or written waiver of notice states the general nature of the proposal(s):

1. Removing a Board member without cause;

2. Filling vacancies on the Board by the members;

3. Amending the Articles of Incorporation;

4. Approving a contract or transaction in which a Board member has a material financial interest;

5. Approving a plan of distribution of assets, other than cash, in liquidation.

6. Approving the expulsion, termination or other sanction against a member if the member so requests that the approval be made by the members.

c. Notice of any meeting of members shall be given either personally, by first-class mail, telegraphic, e-mail or other written communication, charges prepaid, addressed to each member either at the address of that member appearing on books of the Corporation or the address given by the member to the Corporation for the purpose of notice. If no address appears on the Corporation’s books and no other has been given, notice shall be deemed to have been given if either (i) notice is sent to that member by first class mail, e-mail, telegraphic or other written communication to the Corporation’s principal executive office, or (ii) notice is published at least once in a newspaper of general circulation in San Diego County. Notice shall be deemed to have been given at the time when delivered personally or deposited in the mail, e-mail or sent by telegram or other means of written
communication.

d. An affidavit of the mailing or other means of giving any notice of any members’ meeting may be executed by the Secretary, or any other agent of the Corporation giving the notice, and if so executed, shall be filed and maintained in the minute book of the Corporation.

Section 3.6---Quorum

a. Fifty percent (50%) of the voting members shall constitute a quorum for the transaction of business at a meeting of members. Members present at a duly called or a duly held meeting at which a quorum is present may continue to transact business until adjournment, notwithstanding the withdrawal of enough members to leave less than a quorum, if any action taken (other than adjournment) is approved by at least a majority of the members required to constitute a quorum.

b. Any members’ meeting, annual or special, whether or not a quorum is present, may be adjourned from time to time by the vote of the majority of the members represented at the meeting. But in the absence of a quorum, no other business may be transacted at that meeting, except as provided in this Article.

Section 3.7---Voting

Psychoanalyst, Life, and Life (retired) members in good standing (as defined in Section 3.1) shall have the right to nominate and elect Board candidates (except for Psychotherapy Associate members on the Board who will be chosen by the mechanism described in Section 4.3), to serve on committees or the Board, to hold office and to vote on all matters brought before any regular or special meeting of members. Voting by proxy shall be permitted.

Psychotherapy members and Psychotherapy Life members shall have the right to vote on all general organizational matters except items that concern the training of psychoanalysts. They are to be voting members when serving on the Board.

Psychoanalyst Associate members shall have the right to vote on all general organizational matters, except items that concern the training of psychoanalysts. They are to be full voting members when serving on the Board.
Graduate Academic, Academic Associate, Psychoanalyst Affiliate, Psychotherapist Affiliate, Honorary, Special, and Community members, when serving on the Board, shall serve as voting members of the Board.

Every other year, in even number years, prior to the annual meeting of the Association, active members shall elect a counselor and an alternate counselor to represent the Corporation on the Executive Council of the Association for a term of two years. The counselor and alternate must be active members of the Corporation and Association, and shall possess such other qualifications as may be set by the Board or the Association, and, except as provided herein or otherwise provided by the Board, shall be elected in the same manner as directors of the Corporation.

Section 3.8—Waiver of Notice or Consent by Absent Members

a. The transactions of any meetings of members, either regular or special, however called or noticed, and wherever held, shall be as valid as though taken at a meeting duly held after regular call or notice, if a quorum be present in person, and if, either before or after the meeting, each person entitled to vote, who was not present in person, signs a written waiver of notice or a consent to a holding of the meeting, or an approval of the minutes. Waiver of notice or consent need not specify either the business to be transacted or the purpose of any regular or special meeting of members, except that if action is taken or proposed to be taken for approval of any of those matters specified in Section 3.6.b, the waiver of notice or consent shall state the general nature of the proposal. All such waivers, consents, or approvals shall be filed with the Corporation’s records or made a part of the minutes of the meeting.

b. Attendance by a person at a meeting shall also constitute a waiver of notice of that meeting, except when the person objects at the beginning of the meeting to the transaction of any business due to the inadequacy or illegality of the notice. Also, attendance at a meeting is not a waiver of any right to object to the consideration of matters not included in the notice of the meeting if that objection is expressly made at the meeting.
Section 3.9---Action by Written Consent without a Meeting

Any action that may be taken at any regular or special meeting of members may be taken without a meeting and without prior notice if written ballots are received from a number of members at least equal to the quorum applicable to a meeting of members. All such written ballots shall be filed with the Secretary of the Corporation and maintained in the corporate records. All solicitations of ballots shall indicate the time by which the ballot must be returned to be counted.

Section 3.10---Record Date

The Board may fix, in advance, a record date for the determination of the members entitled to notice of any meeting of members or entitled to exercise any rights in respect of any lawful action pursuant to Section 5611 of the California Nonprofit Public Benefit Corporation Law.

If no record date is fixed by the Board, the record date for determining members entitled to notice of a meeting of members shall be at the close of business on the business day next preceding the day on which notice is given or, if notice is waived, at the close of business on the business day next preceding the day on which the meeting is held. If no record date is fixed by the Board, members on the day of the meeting who are otherwise eligible to vote are entitled to vote at the meeting of the members or, in the case of an adjourned meeting, members on the day of the adjourned meeting who are otherwise eligible to vote are entitled to vote at the adjourned meeting of the members. The record date for determining members for any purpose other than set forth in this section shall be at the close of business on the day on which the Board adopts the resolution relating thereto, or the sixtieth day prior to the date of such other action, whichever is later.

Section 3.11---Dues and Assessments

All dues paying members must remit, within the time and on the conditions set by the Board, dues and assessments in amounts to be fixed from time to time by the Board. A member upon learning of such dues and assessments may avoid liability for their payment by promptly resigning his/her membership. The process for assessing dues shall proceed as follows:
First Year:

1. Initial dues statement clearly indicates payment is expected in 30 days.
2. Send statements at 30, 60 and 90 days past due.
3. Personal contact by Treasurer when six months past due.
4. Personal contact by President when nine months past due.
5. Send a certified letter when 10 months past due, explaining the potential change to Inactive member status when over one year past due.
6. The Member can request a dues waiver and repayment plan from the Treasurer. If the Board grants the waiver, it will specify the program for repayment.

Second Year (without a waiver): The member will receive a certified letter explaining the change in their membership to Inactive member status, which will be defined as follows:

1. Suspension from taking on any new SDPC related activities (e.g. supervision, teaching).
2. No access to reduced fees for SDPC events or other member benefits.
3. No dues accrue from this point forward.
4. No more dues statements are sent.
5. Owed dues are removed from the SDPC accounting ledger and treated as uncollectible.
6. Full reinstatement to active status is possible, one time, when the member pays their dues.
7. A second occurrence of being placed on inactive status requires reapplication to SDPC.
8. No other action will be taken unless the member resigns.

Section 3.12---Voluntary Termination of Membership

A member may resign from membership at any time. However, subject to Section 3.11, such resignation shall not relieve the resigning member from any obligation for charges incurred, services or benefits actually rendered, or dues, assessments incurred at the date of resignation.
Section 3.13---Involuntary Termination of Membership

a. The Corporation may expel or suspend and terminate membership in the corporation and may recommend to the American Psychoanalytic Association that a member be expelled or suspended and his/her membership therein be terminated if his/her conduct is in persistent violation of the rules of conduct concerning membership or he/she breaches any Principles of Ethics for his/her professional license or professional discipline.

b. For members whose conduct may be a breach of the Principles referred to above, the procedures for expulsion, suspension or termination shall be those provided in the Association’s Provisions for Implementation of the Principles of Ethics of Psychoanalysts. The Board may adopt additional rules and regulations not inconsistent with the Association’s Bylaws and Procedures that insures a fair and reasonable procedure. However, any such procedures for addressing an alleged breach of the Principles of Ethics or an expulsion, suspension or termination for any reasons do not apply to Affiliate members.

c. For expulsion of any member or rejection of any applicant for membership, the following procedure shall be implemented:

1. A notice shall be sent prepaid, first-class, and registered mail to the most recent address of the member or applicant as shown on the Corporation’s records, setting forth the recommendation for expulsion and the reasons therefore. In cases of expulsion, such notice shall be sent at least 15 days before the recommendation is to be forwarded to the Association.

2. The member being recommended for expulsion or rejected applicant shall be given an opportunity to be heard, either orally or in writing, at a hearing to be held not fewer than 5 days before the Board is to take action or its decision shall be final. The hearing will be held by any special or standing committee appointed by the Board for that purpose. The notice to the member shall state the date, time, and place of the hearing.
3. Following the hearing, the committee so appointed shall decide whether or not the member should be expelled, suspended, or sanctioned in some other way, or whether the applicant's rejection should be final. The decision of the committee shall be final unless the member desires a review by the Board, in which case the Board shall review the matter (including any written materials submitted). The decision of the Board shall then be final unless the member requests a review by the members. Such requests shall be made within ten (10) days after the member is notified of the Board's decision. In such case, the decision of the members shall then be final. The final decision shall be forwarded to the Association which shall act in accordance with its Bylaws and Procedures.

4. Any person expelled from the Corporation shall receive a refund of dues or assessments already paid. The refund shall be prorated to return only the un-accrued balance remaining for the period of the dues payment.

Section 3.14---Transfer of Membership

No member may transfer a membership or any right arising from it.

Section 3.15---Moratorium

A member under ethics investigation may be allowed upon request in writing to have any hearing pursuant to that investigation deferred if he/she has a pending Board of Medical Quality Assurance or civil action pending with regard to the same complainant. During the interim between the approval of the deferral and the conclusion of the Board of Medical Quality Assurance or civil action the member will lose all prerogatives of membership. Such prerogatives of members will be reinstated when the deferral has been terminated.

Section 3.16---Ombuds
The SDPC Ombuds is a Senior Member, appointed by the President and approved by the Board of Directors for the purpose of deepening a sense of trust within a community of diverse backgrounds and viewpoints. The Ombuds is available to all Members, staff, and Candidates/Students solely for the purpose of confidential consultation, advice, and assistance by listening to concerns and, if possible, resolving disagreements or grievances with neutrality and respect. The Ombuds takes additional steps in resolving conflicts only with the approval from the consulting party.

**ARTICLE IV**

**BOARD**

**Section 4.1---Powers**

Subject to limitations of the Articles, of these Bylaws, and of the California Nonprofit Public Benefit Corporation Law relating to action required to be approved by the members or by a majority of members, the activities and affairs of the Corporation shall be conducted and all corporate powers shall be exercised by or under the direction of the Board. The Board may delegate the management of the activities of the Corporation to any person or persons, a management company, or committees however composed, provided that the activities and affairs of the Corporation shall be managed and all corporate powers shall be exercised under the ultimate direction of the Board. Without prejudice to such general powers, but subject to the same limitations, it is hereby expressly declared that the Board shall have the following powers in addition to the other powers enumerated in these Bylaws:

a. To select and remove all the officers, agents, and employees of the Corporation, prescribe powers and duties for them as may not be inconsistent with law, the Articles, or these Bylaws, fix their compensation, and require from them security for faithful service.

b. To conduct, manage, and control the affairs and activities of the Corporation and to make such rules and regulations therefore not inconsistent with law, the Articles, or these Bylaws, as they may deem best.
c. To adopt, make, and use a corporate seal, and to prescribe the forms of
certificates of membership, and to alter the form of such seal and of such
certificates from time to time as they may deem best.

d. To authorize the issuance of membership of the Corporation from time to
time, upon such terms and for such consideration as may be lawful.

To borrow money and incur indebtedness for the purposes of the Corporation, and
to cause to be executed and delivered therefore, in the corporate name,
promissory notes, bonds, debentures, deeds of trust, mortgages, pledges,
hypothecations, or other evidence of debt and securities therefore. All Board
Members, unless otherwise stated, are full voting members of the Board.

Section 4.2---Number of Board Members

The authorized number of Board members shall not be less than 5 or more than 25
until changed by amendment of the Articles or by a Bylaw duly adopted by approval
of the members. Typically, the number of Board members shall be 15. At least 3
of the Board members shall be training and supervising analysts. The exact
number may be fixed by the Board or the members, within the limits specified, by
amendment of these Bylaws.

Section 4.3---Election

The Directors of the Board shall be elected for two-year terms at each annual
meeting of the members to replace those whose terms have expired. If any such
elected directors are not elected at an annual meeting of members, they may be
elected at any special member’s meeting held for that purpose or by written ballot.
Each such elected director, including a director elected to fill a vacancy or elected
at a special member’s meeting or by written ballot shall hold office until expiration
of the term for which elected and until a successor has been elected and qualified.

A Nominations Committee, appointed by the President and chaired by the Vice-
president will nominate candidates other than the Psychotherapy members for the
available director positions, and similar nominations from the active members will
also be placed on the ballot, provided such nominations are signed by at least two
active members. All such nominations shall be provided to the Secretary at least 30 days prior to the election, and shall be provided to each member prior to the election.

The nomination and election of Psychotherapy Program members to the Board will be as follows. Up to 3 Psychotherapy members can serve on the Board, each for two-year terms. The Chair of the Nominations Committee will solicit nominations from amongst the Psychotherapy Members. Nominees will then be sent to the Board for its approval, and will be elected by the Psychotherapy Members in good standing.

Divisional Directors of the Training Division, the Membership Division, the Extension Division, and the Academic Division shall be Board members by virtue of their positions. The current President of the Candidates Association (or designate of the Candidates Association), with the approval of the Board, shall be a voting member of the Board. The past-President shall not be a member of the Board, but a consultant to the President and the Board for another term.

Section 4.4---Place of Meeting

Regular or special meetings of the Board shall be held at any place within San Diego County which has been designated from time to time by the Board. In the absence of such designation, regular meetings shall be held at the principal office of the Corporation.

Section 4.5---Regular Meetings

Regular meetings of Board shall be held without call or notice at such time as shall from time to time be fixed by the Board.

Section 4.6---Special Meetings

a. Special meetings of the Board for any purpose or purposes may be called at any time by the President, the Vice-President, the secretary, or any two other Board members.
b. Special meetings of the Board shall be held upon four days' notice by first-class mail or 24 hours' notice given personally or by telephone, or other similar means of communication. Any such notice shall be addressed or delivered to each Board member at such Board member's address as it is shown upon the records of the Corporation or as may have been given to the Corporation by the Board member for purposes of notice or, if such address is not shown on such records or is not readily ascertainable, at the place in which the meetings of the Board members are regularly held.

c. Notice by mail shall be deemed to have been given at the time a written notice is deposited in the United States mail, postage prepaid. Any other written notice shall be deemed to have been given at the time it is personally delivered to the recipient or is delivered to a common carrier for transmission, or actually transmitted by the person giving the notice by electronic means, to the recipient. Oral notice shall be deemed to have been given at the time it is communicated, in person or by telephone or wireless, to the recipient or to a person at the office of the recipient who the person giving the notice has reason to believe will promptly communicate it to the recipient.

Section 4.7---Quorum

A majority of the Board members then in office constitutes a quorum of the Board for the transaction of business. Every act or decision done or made by a majority of the Board members present at a meeting duly held at which a quorum is present shall be regarded as the act of the Board, unless a greater number be required by law or by the Articles, except as provided in the next sentence. A meeting at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of Board members, if any action taken is approved by at least a majority of the required quorum for such meeting.

Section 4.8---Participation in Meetings by Conference Telephone

Board members may participate in a meeting through use of conference telephone or similar communications equipment, so long as all Board members participate.
Section 4.9---Waiver of Notice

Notice of a meeting need not be given to any Board member who signs a waiver of notice or a written consent to holding the meeting or an approval of the minutes thereof, whether before or after the meeting, or who attends the meeting without protesting, prior thereto or at its commencement, the lack of notice to such Board member. All such waivers, consents, and approvals shall be filed with the Corporation’s records or made part of the minutes of the meetings.

Section 4.10---Adjournment

A majority of the Board members present, whether or not a quorum is present, may adjourn any Board meeting to another time and place. Notice of the time and the place of holding an adjourned meeting need not be given to absent Board members if the time and place be fixed at the meeting adjourned, except as provided in the next sentence. If the meeting is adjourned for more than 24 hours, notice of any adjournment to another time and place shall be given prior to the time of the adjourned meeting to the Board members who were not present at the time of the adjournment.

Section 4.11---Action without Meeting

Any action required or permitted to be taken by the Board may be taken without a meeting if all members of the Board shall individually or collectively consent in writing to such action. Such consent or consents shall have the same effect as a unanimous vote of the Board and shall be filed with the minutes of the proceedings of the Board.

Section 4.12---Rights of Inspection

Every Board member shall have the absolute right at any reasonable time to inspect and copy all books, records, and documents of every kind and to inspect the physical properties of the Corporation except when applicable state or federal law would allow the Corporation to restrict access to prevent disclosure of confidential
Section 4.13---Fee and Compensation

Board members and members of the committees may receive such compensation, if any, for their services, and such reimbursement for expenses, as may be fixed or determined by the Board.

Section 4.14---Recall

A Board member may be recalled by a petition initiated by five percent (5%) of the voting members and approved by a majority of a quorum of the members in a secret ballot at a regular meeting or special meeting called for this purpose.

ARTICLE V

OFFICERS

Section 5.1---Officers

The officers of this Corporation shall be a President, who is the Chair of the Board, President-elect (when in office), Vice-President, Secretary, Chief Financial Officer (Treasurer), and Director of Education. The President and Director of education may not be the same person.

The Board shall elect the officers from amongst themselves, except that the Director of Education shall be elected by the Faculty members and shall be a member of the Board. The President-elect shall be elected at the beginning of the last year of the term of the sitting president. The Board may empower the President to appoint, such other officers as the business of the Corporation may require each of whom shall hold office for such period, have such authority, and perform such duties as are provided in these Bylaws or as the Board may from time to time determine. These subordinate officers will not be Board members.
Section 5.2---Vacancies

Any officer may resign effective upon giving written notice to the Board, the President, or the Secretary, unless the notice specifies a later time for the effectiveness of such resignation. If the resignation is effective at a future time, a successor may be elected before such time to take office when the resignation becomes effective.

Vacancies on the Board or among the officers shall be filled by a majority of the remaining Board members, although less than a quorum, or by a sole remaining Board member, and each Board member or officer so elected shall hold office until the expiration of the term of the replaced Board member or officer and until such replacement’s successor has been elected and qualified.

A vacancy or vacancies on the Board shall be deemed to exist in the case of a death, resignation or removal of any officer, or if the authorized number of Board members be increased.

The Board may declare vacant an office of a Board member who has been declared of unsound mind by a final order of the court, convicted of a felony, or been found by a final order or judgment of any court to have breached any duty arising under Section 7238 of the California Nonprofit Public Benefit Corporation Law.

No reduction of the authorized number of Board members shall have the effect of removing any Board member prior to the expiration of the Board members’ term of office.

Section 5.3---Tenure

The term of the President, Vice-President, Secretary and Chief Financial Officer (Treasurer) shall expire when their term as director expires. Exception to this is when a member begins his/her term as President in the middle of their two year term as a member of the Board. In this case their term as President shall expire two years after their term as President begins, and their term on the Board shall automatically be extended to that time. The Director of Education shall serve for three years, unless removed sooner as provided in Section 5.8 hereof. The
President and Director of Education may be reelected for two terms in succession. Subsequent reelection will require at least one term out of office.

Section 5.4---President

The President is the chief executive officer of the Corporation and has, subject to the control of the Board, general supervision, direction, and control of the business and officers of the Corporation. The President shall preside at all meetings of the members, and at all meetings of the Board. The President has the general powers and duties of the management usually vested in the office of the president of a corporation and such other powers and duties as may be prescribed by the Board.

Section 5.5---Vice-President

In the absence or disability of the President, the Vice-President shall perform all the duties of the President, and, when so acting, shall have all the powers of, and be subject to all the restrictions upon, the President. The Vice-President shall also Chair the Nominations Committee and be Director of the Membership Division. The Vice-President may have other powers and perform other duties as from time as prescribed for him or her by the Board.

Section 5.6---Secretary

The Secretary shall keep or cause to be kept, at the principal office or such other place as the Board may order, a book of minutes of all meetings of members, the Board, and its committees, with the time and place of holding, whether regular or special, and if special, how authorized, the notice thereof given, the names of those present at Board and committee meetings, the number of members present or represented at members' meetings, and the proceedings thereof. The Secretary shall keep, or cause to be kept, at the principal office in the State of California the original or a copy of the Corporation's Articles and Bylaws, as amended to date.

The Secretary shall give, or cause to be given, notice of all meetings of the members and of the Board and any committees thereof required by these Bylaws
or by law to be given shall keep the seal of the Corporation in a safe custody, and shall such other powers and perform such other duties as may be prescribed by the Board.

Section 5.7---Treasurer

The Treasurer is the chief financial officer of the Corporation and shall keep and maintain, or cause to be kept and maintained, adequate and correct accounts of the properties and business transactions of the Corporation, and shall send or cause to be sent to the members of the Corporation such financial statements and reports as are by law or these Bylaws required to be sent to them. The books of account shall at all times be open to inspection by any officer.

The Treasurer shall deposit all moneys and other valuables in the name and to the credit of the Corporation with such depositaries as may be designated by the Board. The Treasurer shall disburse the funds of the Corporation as may be ordered by the Board, shall render to the President and the Board members, whenever they request it, an account of all transactions as Treasurer and of the financial condition of the Corporation, and shall have such other powers and perform such other duties as may be prescribed by the Board.

Section 5.8--- Director & Assistant Director of the Training Division

The Director of the Training Division shall be a training and supervising psychoanalyst, and shall serve as the principal educational officer of the Corporation. As such, he/she shall direct and have responsibility for developing and implementing the policies and practices of the Corporation with respect to professional psychoanalytic education, and also with respect to other educational activities, scientific research and community activities. He/she shall also act as a liaison for the Faculty and the Education Committee to the Board. The Director of Education shall designate an Assistant Director of Education from among the elected members of the Education Committee who shall be subject to confirmation (or, at the option of the Director Education, shall be elected by) the Education Committee. The Assistant Director of Education shall act as liaison to the faculty, but shall not sit on the Board solely by virtue of this office.

The Director of Education and Assistant Director of Education shall be subject to
removal only upon a recommendation of a majority of the entire Education Committee and a 2/3 majority vote of the entire Board, except that the Director of Education may remove the Assistant Director.

ARTICLE VI

BOARD COMMITTEES

Section 6.1---Board Committees

The Board may appoint one or more committees, each consisting of two or more Board members, and delegate to such committees any of the authority of the Board except with respect to:

a. the approval of any action for which the California Nonprofit Public Benefit Corporation Law also requires approval of the members or approval of a majority of all members;

b. the filling of vacancies on the Board or on any Board committee;

c. the fixing of compensation of the Board members;

d. the amendment or repeal of Bylaws or the adoption of new Bylaws;

e. the amendment or repeal of any resolution of the Board which by its express terms is not amendable nor can be repealed;

f. the appointment of other committees of the Board or the members thereof;

g. with respect to any assets held in charitable trust, the approval of any self-dealing transaction; and;

h. expulsion, termination, sanction or Faculty demotion of any member.
Section 6.2---Meetings and Action of Board Committees

Meetings and actions of Board committees shall be governed by, and held and taken in accordance with, the provisions of Article IV of these Bylaws, concerning meetings of the Board, with such changes in the context of those Bylaws as are necessary to substitute the committee and its members for the Board and its members, except that the time for regular meetings of committees may be determined either by resolution of the Board or by resolution of the Board committee. Special meetings of committees may also be called by resolution of the Board. Notice of special meetings of Board committees shall also be given to any and all alternate members, who shall have the right to attend all meetings of the Board committee. The Board may adopt rules for the governance of any Board committee not inconsistent with the provisions of these Bylaws.

Section 6.3---Executive Committee

The Executive Committee is a Board committee composed of the President, Vice-President, Secretary, Treasurer and Director of Training. The immediate Past-President shall be a consultant to the Executive Committee for one year upon completion of his/her term as President. When the Board is not in session, the Executive Committee shall have the power and authority of the Board to transact all regular business of the corporation, subject to any prior limitation imposed by the Board or the Bylaws, including Section 6.1. The Executive Committee shall report to the next Board meeting all actions taken.

ARTICLE VII

OTHER COMMITTEES

Section 7.1---Other Committees

The President, subject to the limitations imposed by the Board, or the Board itself may create other committees to serve the Corporation which do not have the powers of the Board. Such committees may or may not be completely or partially
composed of Board members. Such committees may include ethics, nominating, library, and referral services.

Section 7.2---Creation and Combination of Committees

The creation of committees is discretionary with the Board. If the Board determines that any one or more of such committees should not exist, it shall assign the functions of such committee to a new or existing committee or to the Board acting as a committee of the whole.

Section 7.3---Appointment and Tenure

The President shall appoint members to serve on committees. One of the members appointed shall be designated Chair. Each member of a committee shall continue at the pleasure of the President unless he/she shall sooner resign or be removed from the committee.

Section 7.4---Meetings and Notice

Meetings of a committee may be called by the President, the Chair of the committee, or a majority of the committee’s voting members. Each committee shall meet as often as is necessary to perform its duties. Notice of a meeting of a committee may be given at any time and in any manner reasonably designed to inform the committee members of the time and place of the meeting.

Section 7.5---Quorum

A majority of the voting members of a committee shall constitute a quorum for the transaction of business at any meeting of such committee. Each committee may keep minutes of its proceedings and shall report periodically to the Board.

Section 7.6---Manner of Acting
A committee may take action by majority vote.

**Section 7.7---Resignation and Removal**

Any member of a committee may resign at any time by giving written notice to the Chair of the committee or to the Secretary. Such resignation, which may or may not be made contingent on formal acceptance, shall take effect on the date of receipt or at any later time specified in said notice. The President may remove any appointed member of a committee.

**Section 7.8---Vacancies**

The President shall fill a vacancy in any committee or any increase in the membership for the unexpired portion of the term.

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**ARTICLE VIII**

**TRAINING DIVISION**

**Section 8.2---Education Committee**

The regular Faculty shall exercise its delegated authority through the Education Committee. The Education Committee shall consist of 12 elected members of the Regular Faculty. Any member of the Regular Faculty can make nominations for members of the Education Committee. Further, there may be two PPP Representatives of the Education Committee, one of whom is the Director of the PP Program, and the PPP Executive Committee shall appoint the second. Both shall be voting members, except on issues related specifically to analytic training. The Director of Education can appoint two additional non-elected members to the Committee. The term of office for all elected members shall be three years and there will be no term limit. Regular elections shall be held every three years in accordance with procedures approved by the Regular Faculty. All members of the
Regular Faculty shall have the right to vote. If an elected member is unable to complete his/her term, a special election shall be held to elect a member to complete the three-year term.

The Director of Education and Chair of the Education Committee, who must be a member of the Regular Faculty, will be nominated by each newly constituted Education Committee from among its ranks. The names of nominees will be forwarded to the Regular Faculty for election. If only one individual is on the ballot, that person must receive a majority of the votes cast. The Director is encouraged to appoint a Co-Director, who must be a member of the Education Committee, to share the duties and responsibilities of the office. The Director shall be limited to two consecutive three-year terms in the position of Director, but may run for additional terms of office as Director after a space of six years and shall have no term limit for regular elected membership to the Education Committee. At the completion of term(s), the Director will serve another term on the EC as Past-director by position.

Section 8.3--Faculty Categories

There shall be eight categories of Faculty appointment, as follows:

a. A Guest Instructor is appointed for a maximum term of one year for a specific teaching or co-teaching purpose in one or another of the educational areas under Board supervision. This appointment expires when the specific teaching or co-teaching work, course, or seminar ends and the appointment is considered a temporary Faculty position.

b. Associate Psychoanalyst Instructor is the faculty appointment for Psychoanalyst Associate members who graduate from the SDPC adult psychoanalytic program as Associate in Psychoanalysis, and who have demonstrated their expertise by co-teaching in the Psychoanalytic and/or Psychotherapy Program with a psychoanalyst member of the regular Faculty for a minimum of one course each year for two years.

c. Associate Psychotherapy Instructor is a faculty appointment specific to the Advanced Psychoanalytic Psychotherapy Program, for those Psychotherapy Associate members who have demonstrated their expertise by co-teaching
in the Psychotherapy Program with a psychoanalyst member of the regular Faculty for a minimum of one course each year for two years.

d. Provisional Instructor is a temporary Faculty appointment open to Psychoanalyst Members, who will teach under the supervision of a senior Faculty member. After co-teaching a minimum of one course each year for two years, he or she may be eligible for advancement to Instructor.

e. An Instructor designation is the first level of Faculty appointment to be considered regular Faculty. An Instructor may apply for advancement to Senior Instructor if he/she (a) has been certified by the Association and has had a minimum of two years of teaching at the Instructor level, or (b) if he/she has not been certified, only if he/she has completed three years of co-teaching at the Instructor level.

f. A Senior Instructor, the next regular Faculty appointment, is based on demonstrated expertise and experience in teaching so that he/she may undertake to teach an assigned course alone or with a junior co-instructor.

g. The next regular Faculty level is that of Training and Supervising Analyst. In order to be appointed a Training and Supervising Analyst, a person must have held active membership for at least five years in an affiliated society of the American Psychoanalytic Association after graduation from an approved institute. In addition, she/he must have attained active membership in the Association and been certified by it in adult psychoanalysis, and have been an active participant in the teaching and administrative functions of the Society and Institute. His/her major professional activity in a five-year period following completion of training in an Association approved institute must have been the consistent independent practice of therapeutic psychoanalysis.

h. The last regular Faculty category is Supervisor in Child and Adolescent Analysis. In order to be appointed as a Supervisor in Child and Adolescent Analysis, a potential appointee must have graduated from a child analytic training program approved by the Association at least five years prior to the appointment and have been certified by the Association at some time prior to the appointment. Additionally, a potential appointee must have maintained a standard child analytic practice of at least three child and/or adolescent cases totaling at least twelve hours per week during a five year period.
subsequent to graduation, and shall have satisfied any other qualifications specified in the Education Committee Procedure Manual or otherwise promulgated pursuant to these Bylaws.

Section 8.4---Faculty Appointment

Faculty members shall be appointed and promoted pursuant to the following procedures and guidelines, and any further procedures or guidelines consistent with these Bylaws which are promulgated by the Education Committee:

a. The Faculty members of the Corporation just prior to the adoption of these Bylaws shall be the initial Faculty. Each new application for appointment to the Faculty or promotion in Faculty rank may be made at any time by an eligible active member of the Corporation. By applying for a Faculty appointment or promotion, each applicant hereby agrees to the conditions specified in Section 3.2, with respect to applications for membership. Additionally, each applicant shall execute an authorization and release form at the time application is made.

b. Decisions concerning Faculty appointment or promotion shall be made by majority vote of the Education Committee, upon recommendation of any subcommittee or subcommittees established by the Education Committee to investigate and evaluate such applicants.

Section 8.5---Term of Appointment

All Faculty appointments shall be made by the Education Committee for a three year term, except that (a) guest instructor appointments are for a maximum of one year and (b) training and supervising analysts and supervisors in child and adolescent analysis shall be for a five year term, or such shorter term as the Education Committee may determine. At the end of the term, the Education Committee may (or may not) reappoint the Faculty member to the same, higher or lower Faculty designation. Additionally, Faculty appointment may be made subject to probation or such other conditions as the Education Committee may deem reasonable.
Section 8.6---Adverse Action

In the event an application for Faculty appointment or promotion is denied, or if the Education Committee demotes or fails to reappoint any Faculty member at the end of a three year term, the procedures specified in Section 3.14.c. shall be followed to the extent applicable, except that the individual’s opportunity to be heard shall be before the Education Committee, which shall forward its recommendation to the Board. A three-fourths (3/4) vote of a quorum of the Education Committee is required for demotion of a training and supervising analyst.

Section 8.7---Fellows

The Education Committee shall elect two fellows to the Board on Professional Standards of the Association, who shall serve three year terms. The Director of Training shall be one of the fellows. The other Fellow elected by the Committee may be re-elected for two terms in succession, but subsequent re-election will require at least one term out of office. The Committee shall also elect two alternates, who may hold successive terms without any restrictions. Fellows and alternates shall be training and supervising analysts.

Section 8.8---Procedures for Retirement of Training and Supervising Psychoanalysts

The Board of Directors voted to strike Section 8.8 (a-e) on November 14, 1994. The Bylaw was replaced by Education Committee policies.

Section 8.9---Manuals

The Education Committee shall establish policies which may be set forth in the Education Committee Procedure Manual, the Candidate Manual for analytic training, and the PPP Student Manual for psychotherapy training. The policies set forth in these manuals shall be binding upon the persons covered thereby and shall govern the educational activities of the Corporation. These manuals may be revised from time to time by the Education Committee, and the most current version shall be available upon request to all members and students.
ARTICLE IX

MEMBERSHIP DIVISION

Section 9.1---Appointment and Term

The Vice-President shall be the Director of the Membership Division by position, unless the President in conjunction with the Vice-President determines that another appointment is more suitable.

Section 9.2---Powers of the Division Director

The Director shall have the power to appoint members of the committees of their Division according to the needs and mission of the Division.

ARTICLE X

EXTENSION DIVISION

Section 10.1---Appointment and Term

The Director of Extension Division shall be appointed by the President (after one year of his or her term), for a period of two years, subject to reappointment for one consecutive two-year term.

Section 10.2---Powers of the Division Director

The Director shall have the power to appoint members of the committees of their
Division according to the needs and mission of the Division. The Director will serve on the Board by virtue of his or her position.

**ARTICLE XI**

**ACADEMIC DIVISION**

**Section 11.1---Appointment and Term**

The Director(s) of the Academic Liaison & Research Division shall be appointed by the President (after one year of his or her term), for a period of two years, subject to reappointment for one consecutive two-year term.

**Section 11.2 Powers of the Division Director(s)**

The Director(s) shall have the power to appoint members of the committees of their Division according to the needs and mission of the Division. The Director(s) will serve on the Board of Directors by virtue of his/her or their positions.

**ARTICLE XII**

**MISCELLANEOUS**

**Section 12.1---Inspection of Corporate Records**

Subject to Sections 8330, 8331, and 8332 of the California Nonprofit Public Benefit Corporation Law, a member may do either or both of the following for a purpose reasonably related to such member’s interest as a member:
a. Inspect and copy the record of all the member's names, addresses, and voting rights, at reasonable times, upon five business days' prior written demand upon the Corporation, which demand shall state the purpose for which the inspection rights are requested; or:

b. Obtain from the Secretary, upon written demand and tender of a reasonable charge, a list of the names, addresses, and voting rights of those members entitled to vote for the election of the officers, as of the most recent record date for which it has been compiled or as of a date specified by the number subsequent to the date of the demand. The demand shall state the purpose for which the list is requested. The Secretary shall make the membership list available on or before the later of 10 business days after the demand is received or after the date specified therein as the date as of which the list is to be compiled.

The Corporation may, within 10 business days after receiving a demand, as set forth in subsections a or b, deliver to the person(s) making the demand a written offer of an alternative method of achieving the purpose identified in said demand without providing access to or a copy of the membership list. Any rejection of the Corporation's offer shall be in writing and shall indicate the reasons the alternative proposed by the Corporation does not meet the proper purpose of the demand made pursuant to Subsections a or b.

The accounting books and records and minutes of proceedings of the members and the Board and committees of the Board shall be open to inspection upon written demand on the Corporation of any member at any reasonable time for a purpose reasonably related to such person's interests as a member.

Notwithstanding the above, the Corporation may restrict access to certain minutes of proceedings of the members, the Board or its committees if such access would jeopardize the confidentiality of such minutes or potentially allow for the discovery of records otherwise not discoverable.

Section 12.2---Inspection of Articles and Bylaws

The Corporation shall keep in its principal office in the State of California the original or a copy of its Articles and of these Bylaws as amended to date, which
shall be open to inspection by the members at all reasonable times during office hours. If the Corporation has no office in the State of California, it shall upon the written request of any member furnish to such member a copy of the Articles or Bylaws as amended to date.

Section 12.3---Endorsement of Documents; Contracts

Subject to the provisions of applicable law, any note, mortgage, evidence of indebtedness, contract, conveyance, or other instrument in writing and any assignment or endorsement thereof executed or entered into between the Corporation and any other person, when signed by the President, or the Vice-President, and the Secretary, or the Treasurer shall be valid and binding on the Corporation in the absence of actual knowledge on the part of the other person that the signing officers had no authority to execute the same. Any such instruments may be signed by any other person or persons and in such manner as from time to time shall be determined by the Board, and, unless so authorized by the Board, no officer, agent, or employee shall have any power or authority to bind the Corporation by any contract or engagement or to pledge its credits or to render it liable for any purpose or amount.

Section 12.4---Construction and Definitions

Unless the context otherwise requires, the general provisions, rules of construction, and definitions contained in the General Provisions of the California Non Profit Corporation Law and in the California Nonprofit Public Benefit Corporation Law shall govern the construction of these Bylaws. Words used in these Bylaws shall be read as the masculine or feminine gender and as the singular or plural, as the context requires. The captions or headings in these Bylaws are for convenience only and are not intended to limit or define the scope or effect of any provision.

ARTICLE XIII
INDEMNIFICATION AND INSURANCE

Section 13.1---Indemnification

The Corporation shall, to the maximum extent permitted by the California Nonprofit Public Benefit Corporation Law, and in accordance with that Law, indemnify each of its agents against its expenses, judgments, fines, settlements and other amounts actually and reasonably incurred in connection with any proceeding arising by reason of the fact any such person is or was an agent of the Corporation. For purposes of this section, an "agent" of the Corporation includes any person who is or was an officer, employee, director or other agent of the Corporation, or is or was serving at the request of the Corporation as an officer, employee, or agent of another corporation, partnership, joint venture, trust, or other enterprise, or was a director, officer, employee, or agent of a corporation which was a predecessor corporation of the Corporation or of another enterprise at the request of such predecessor corporation.

Section 13.2---Insurance

The Corporation shall have power to purchase and maintain insurance on behalf of any agent of the Corporation against any liability asserted against or incurred by the agent in such capacity or arising out of the agent's status as such whether or not the Corporation would have the power to indemnify the agent against such liability under the provisions of this Article X.

ARTICLE XIV

AMENDMENTS

These Bylaws or the Articles of Incorporation may be amended or repealed by approval of the members or by the approval of the Board; provided, however, that members must approve any action that would: (a) materially and adversely affect the rights of members as to voting, dissolution, or redemption, or transfer of
memberships; (b) increase or decrease the number of memberships authorized in total or for any class; (c) effect an exchange, reclassification, or cancellation of all or any part of the memberships; (d) authorize a new category of membership; or (e) specify or change the maximum or minimum number of Board members or vice versa; (f) amend or repeal the Articles of Incorporation or (g) amend paragraph 6.1 of these Bylaws.

CERTIFICATE OF ADOPTION OF THESE BYLAWS

I certify that I am the Secretary of the San Diego Psychoanalytic Center, and that the foregoing Revised Bylaws of San Diego Psychoanalytic Center constitute the Bylaws of the San Diego Psychoanalytic Center.

______________________________
DAN GARDNER, MD, SECRETARY
AUTHORIZATION AND RELEASE BY FACULTY APPLICANT

By applying for admission to the faculty of the San Diego Psychoanalytic Center (the "Organization"), I hereby authorize the Organization and its faculty and representatives to consult with administrators, faculty members and other representatives of institutions and organizations with which I have been associated or at which I have studied, and with other parties, including professional liability carriers, who may have information bearing on my professional competence, character and ethical qualifications. I further consent to the inspection by the Organization, its faculty and representatives of all records and documents that may be material to an evaluation of my professional, personal and ethical qualifications and competence to serve on the Organization’s faculty.

I hereby release from liability the Organization, its faculty and representatives for their acts performed in good faith and without malice in connection with evaluating my application and qualifications. I further release from liability any and all individuals and organizations who provide information to the Organization, their faculty or representatives, in good faith and without malice, concerning my professional competence, ethics, character and other qualifications for appointment to the faculty. I hereby consent to the release by those parties of such information.

I authorize and consent to the release by the Organization, its faculty and representatives of information concerning my professional competence, ethics, character and other qualifications to mental health facilities, professional societies, professional educational programs and licensing authorities, on request, provided such information is released in good faith and without malice. I further release from liability the Organization, its faculty and representatives for so doing.

I agree to abide by the Bylaws of the Organization and the Education Committee Manual regardless of whether I am appointed as a faculty Member in all respects concerning my application, and, if appointed, agree to abide by the Education Committee Procedure Manual and the Bylaws in all other respects.

Date:________________
Applicant:_____________________________
AUTHORIZATION AND RELEASE BY APPLICANT FOR MEMBERSHIP

By applying for membership in the San Diego Psychoanalytic Center (the "Organization"), I hereby authorize the Organization and its faculty and representatives to consult with administrators, faculty members and other representatives of institutions and organizations with which I have been associated or at which I have studied, and with other parties, including professional liability carriers, who may have information bearing on my professional competence, character and ethical qualifications. I further consent to the inspection by the Organization, and its committees and representatives, of all records and documents that may be material to an evaluation of my professional, personal and ethical qualifications and competence.

I hereby release from liability the Organization, its committees and representatives for their acts performed in good faith and without malice in connection with evaluating my application and qualifications. I further release from liability any and all individuals and organizations who provide information to the Organization, or its or representatives, in good faith and without malice, concerning my professional competence, ethics, character and other qualifications. I hereby consent to the release by those parties of such information.

I authorize and consent to the release by the Organization, its committees and representatives of information concerning my professional competence, ethics, character and other qualifications to mental health facilities, professional societies, professional educational programs and licensing authorities, on request, provided such information is released in good faith and without malice. I further release from liability the Organization, its committees and representatives for so doing.

I agree to abide by the Bylaws of the Organization regardless of whether I am admitted to membership in all respects concerning my application, and, if appointed, agree to abide by the Education Committee Procedure Manual and the Bylaws in all other respects.

Date:____________________
Applicant:____________________________
AUTHORIZATION AND RELEASE BY CLINICAL ASSOCIATE APPLICATION

By applying for admission to the Clinical Associate Training Program of the San Diego Psychoanalytic Center, and ultimately for membership in the San Diego Psychoanalytic Center, I hereby authorize the Society and Institute, their faculty, and representatives to consult with administrators, faculty members, and other representatives of institutions and organizations with which I have been associated or at which I have studied, and with other parties who may have information bearing on my professional competence, character, and ethical qualifications for admission to the Society and Institute, and successful completion of the curriculum and membership in the Society and Institute. I further consent to the inspection by the Society and Institute, their faculty, and representatives of all records and documents that may be material to an evaluation of my professional, personal, and ethical qualifications and competence.

I hereby release from liability the Society and Institute, their faculty, and representatives for their acts performed in good faith and without malice in connection with evaluation of my application and qualifications. I further release from liability any and all individuals and organizations who provide information to the Society and Institute, their faculty, or representatives, in good faith and without malice, concerning my professional competence, ethics, character, and other qualifications for admission to the Society and Institute, successful completion of the curriculum, and membership in the Society and Institute. I hereby consent to the release by those parties of such information.

I authorize and consent to the release by the Society and Institute, their faculty, and representatives of information concerning my professional competence, ethics, character, and other qualifications to other facilities, organizations, and interested persons, on request, provided such information is released in good faith and without malice. I further release from liability the Society and Institute, its faculty, and representatives, for so doing.

I agree to abide by the Bylaws of the Organization and the Education Committee and Student Manuals (the "Manuals") regardless of whether I am admitted to the Training Program in all respects concerning my application, and, if admitted, agree to abide by the Bylaws and the Manuals in all other respects.

Date:_____________                   Applicant:________________________________
AUTHORIZATION AND RELEASE BY STUDENT APPLICATION

By applying for admission to the Advanced Psychoanalytic Psychotherapy Program of the San Diego Psychoanalytic Center, and ultimately for membership in the San Diego Psychoanalytic Center, I hereby authorize the Society and Institute, their faculty, and representatives to consult with administrators, faculty members, and other representatives of institutions and organizations with which I have been associated or at which I have studied, and with other parties who may have information bearing on my professional competence, character, and ethical qualifications for admission to the Society and Institute, and successful completion of the curriculum and membership in the Society and Institute. I further consent to the inspection by the Society and Institute, their faculty, and representatives of all records and documents that may be material to an evaluation of my professional, personal, and ethical qualifications and competence.

I hereby release from liability the Society and Institute, their faculty, and representatives for their acts performed in good faith and without malice in connection with evaluation of my application and qualifications. I further release from liability any and all individuals and organizations who provide information to the Society and Institute, their faculty, or representatives, in good faith and without malice, concerning my professional competence, ethics, character, and other qualifications for admission to the Society and Institute, successful completion of the curriculum, and membership in the Society and Institute. I hereby consent to the release by those parties of such information.

I authorize and consent to the release by the Society and Institute, their faculty, and representatives of information concerning my professional competence, ethics, character, and other qualifications to other facilities, organizations, and interested persons, on request, provided such information is released in good faith and without malice. I further release from liability the Society and Institute, its faculty, and representatives, for so doing.

I agree to abide by the Bylaws of the Organization and the Education Committee and Student Manuals (the "Manuals") regardless of whether I am admitted to the Training Program in all respects concerning my application, and, if admitted, agree to abide by the Bylaws and the Manuals in all other respects.

Date: ____________________  Applicant: _______________________
APPENDIX D.

THE AMERICAN PSYCHOANALYTIC ASSOCIATION

Principles and Standards of Ethics for Psychoanalysts

Preamble:

Psychoanalysis is a method of treating children, adolescents and adults with emotional and mental disorders that attempts to reduce suffering and disability and enhance growth and autonomy. While the psychoanalytic relationship is predicated on respecting human dignity, it necessarily involves a power differential between psychoanalyst, patient and, particularly in the case of children, the family that, if ignored, trivialized or misused, can compromise or derail treatment and inflict significant damage on both parties to treatment*. Constant self-examination and reflection by the psychoanalyst and liberal use of formal consultation are obvious safeguards for the patient, as well as the treating psychoanalyst.

No code of ethics can be encyclopedic in providing answers to all ethical questions that may arise in the practice of the profession of psychoanalysis. Sound judgment and integrity of character are indispensable in applying ethical principles to particular situations and individuals. The major goal of this code is to facilitate the psychoanalyst's best efforts in all areas of analytic work and to encourage early and full discussion of ethical questions with colleagues and members of local and national ethics committees. These revised Principles presuppose a psychoanalyst's life-long commitment to act ethically and to encourage similar ethical behavior in colleagues and students. It is expected that over time all psychoanalysts will enrich and add cumulatively to the guidance provided by the Principles with their own experience and values, and that the Principles will evolve, based on the profession's insights and experience.

* When the patient is a child or adolescent (a minor) the parent(s) or guardian(s) play a significant role in the treatment. In these situations the functions of such a role changes with age, stage of development, diagnosis, as well as growth of capacity within the patient. How the psychoanalyst relates to the patient and family will reflect such changes. These shifts need to be dealt with in direct and open ways with all concerned. The potential power differential and transference-countertransference between psychoanalyst, patient and parenting figures (or other important family members) can be significant. If not recognized or mishandled such issues can interfere with the treatment and disrupt it.

General Principles of Ethics for Psychoanalysts

Introduction:
The American Psychoanalytic Association has adopted the following Principles of Ethics and associated Standards to guide members in their professional conduct toward their patients and, in the case of minors, toward their parent(s) or guardian(s) as well as supervisees, students, colleagues and the public. These Principles and Standards substantially revise and update the ethical principles contained in the previous Principles of Ethics published by the American Psychoanalytic Association in December 1975, and revised in 1983. The revisions take account of evolving moral sensibilities and observed deficiencies in the earlier codes. As ethical standards change, behaviors that were acceptable in the past may no longer be considered ethical. In this regard, however, these evolving standards should not be used to punish individuals retroactively. These revised principles emphasize constraints on behaviors that are likely to misuse the power differential of the transference-countertransference relationship to the detriment of patients and, in the case of minors, their parent(s) or guardian(s) as well.

The new code seeks to identify the parameters of the high standard of care expected of psychoanalysts in treatment, teaching, and research. By specifying standards of expected conduct, the code is intended to inform all psychoanalysts in considering and arriving at ethical courses of action and to alert members and candidates to departures from the wide range of acceptable practices. When doubts about the ethics of a psychoanalyst's conduct arise, early intervention is encouraged. Experience indicates that when ethical violations are thought to have occurred, prompt consultation and mediation tend to serve the best interests of all parties concerned. When indicated, procedures for filing, investigating and resolving complaints of unethical conduct are addressed in the Provisions for Implementation of the Principles and Standards of Ethics for Psychoanalysts.

There are times when ethical principles conflict, making a choice of action difficult. In ordering ethical obligations, one's duty is to the patient directly, or indirectly through supervision or consultation with the treating psychoanalyst. In the case of patients who are minors there are also ethical obligations to parent(s) or guardian(s) which change as the patient becomes older and more mature. Thereafter, ethical obligations are to the profession, to students and colleagues, and to society. The ethical practice of psychoanalysis requires the psychoanalyst to be familiar with these Principles and Standards; to conduct regular self-examination; to seek consultation promptly when ethical questions arise; and to reach just sanctions when judging the actions of a colleague.

Guiding General Principles:

I. Professional Competence. The psychoanalyst is committed to provide competent professional service. The psychoanalyst should continually strive to improve his or her knowledge and practical skills. Illnesses and personal problems that significantly impair the psychoanalyst's performance of professional responsibilities should be acknowledged and addressed in appropriate fashion as soon as recognized.

II. Respect for Persons. The psychoanalyst is expected to treat patients and their families, students and colleagues with respect and care. Discrimination on the basis of age, disability, ethnicity, gender, race, religion, sexual orientation or socioeconomic status is ethically unacceptable.
III. Mutuality and Informed Consent. The treatment relationship between the patient and the psychoanalyst is founded upon trust and informed mutual agreement or consent. At the outset of treatment, the patient should be made aware of the nature of psychoanalysis and relevant alternative therapies. The psychoanalyst should make agreements pertaining to scheduling, fees, and other rules and obligations of treatment tactfully and humanely, with adequate regard for the realistic and therapeutic aspects of the relationship. Promises made should be honored.

When the patient is a minor these same general principles pertain but the patient's age and stage of development should guide how specific arrangements will be handled and with whom.

IV. Confidentiality. Confidentiality of the patient’s communications is a basic patient’s right and an essential condition for effective psychoanalytic treatment and research. A psychoanalyst must take all measures necessary to not reveal present or former patient confidences without permission, nor discuss the particularities observed or inferred about patients outside consultative, educational or scientific contexts. If a psychoanalyst uses case material in exchanges with colleagues for consultative, educational or scientific purposes, the identity of the patient must be sufficiently disguised to prevent identification of the individual, or the patient's authorization must be obtained after frank discussion of the purpose(s) of the presentation, other options, the probable risks and benefits to the patient, and the patient's right to refuse or withdraw consent.

V. Truthfulness. The psychoanalytic treatment relationship is founded on thoroughgoing truthfulness. The psychoanalyst should deal honestly and forthrightly with patients, patient's families in the case of those who are minors, students, and colleagues. Being aware of the ambiguities and complexities of human relationships and communications, the psychoanalyst should engage in an active process of self-monitoring in pursuit of truthful therapeutic and professional exchanges.

VI. Avoidance of Exploitation. In light of the vulnerability of patients and the inequality of the psychoanalyst-analysand dyad, the psychoanalyst should scrupulously avoid any and all forms of exploitation of patients and their families, current or former, and limit, as much as possible the role of self-interest and personal desires. Sexual relations between psychoanalyst and patient or family member, current or former, are potentially harmful to both parties, and unethical. Financial dealings other than reimbursement for therapy are unethical.

VII. Scientific Responsibility. The psychoanalyst is expected to be committed to advancing scientific knowledge and to the education of colleagues and students. Psychoanalytic research should conform to generally accepted scientific principles and research integrity and should be based on a thorough knowledge of relevant scientific literature. Every precaution should be taken in research with human subjects, and in using clinical material, to respect the patient's rights especially the right to confidentiality, and to minimize potentially harmful effects.

VIII. Protection of the Public and the Profession. The psychoanalyst should strive to protect the patients of colleagues and persons seeking treatment from psychoanalysts observed to be deficient in competence or known to be engaged in behavior with the potential
of affecting such patients adversely. S/he should urge such colleagues to seek help. Information about unethical or impaired conduct by any member of the profession should be reported to the appropriate committee at local or national levels.

IX. Social Responsibility. A psychoanalyst should comply with the law and with social policies that serve the interests of patients and the public. The Principles recognize that there are times when conscientious refusal to obey a law or policy constitutes the most ethical action. If a third-party or patient or in the case of minor patients, the parent(s) or guardian(s) demands actions contrary to ethical principles or scientific knowledge, the psychoanalyst should refuse. A psychoanalyst is encouraged to contribute a portion of his or her time and talents to activities that serve the interests of patients and the public good.

X. Personal Integrity. The psychoanalyst should be thoughtful, considerate, and fair in all professional relationships, uphold the dignity and honor of the profession, and accept its self-imposed disciplines. He or she should accord members of allied professions the respect due their competence.

Standards Applicable to the Principles of Ethics for Psychoanalysts

The American Psychoanalytic Association is aware of the complicated nature of the psychoanalyst-patient relationship and the conflicting expectations of therapists and patients in contemporary society. In addition, the Association recognizes that this complexity is increased when the patient is a minor and parent(s) and guardian(s) are a natural, if changing, part of the therapeutic picture. The following ethical standards are offered as a more specific and practical guide for putting into practice the Guiding Principles. The Standards represent practices that psychoanalysts have found over time to be generally conducive to morally appropriate professional conduct. A discussion of situation-dependent guidelines and dilemmas will be presented in a separate document, a Casebook on Ethics.

I. Competence

1. Psychoanalysts are expected to work within the range of their professional competence and to refuse to assume responsibilities for which they are untrained.

2. Psychoanalysts should strive to keep up to date with changes in theories and techniques and to make appropriate use of professional consultations both psychoanalytic and in allied psychotherapeutic fields such as psychopharmacology.

3. Psychoanalysts should seek to avoid making claims in public presentations that exceed the scope of their competence.

4. Psychoanalysts should take steps to correct any impairment in his or her analyzing capacities and do whatever is necessary to protect patients from such impairment.

II. Respect for Persons and Nondiscrimination
1. Psychoanalysts should try to eliminate from their work the effects of biases based on age, disability, ethnicity, gender, race, religion, sexual orientation or socioeconomic status.

2. The psychoanalyst should refuse to observe organizational policies that discriminate with regard to age, disability, ethnicity, gender, race, religion, sexual orientation, or socioeconomic status.

III. Mutuality and Informed Consent

1. Psychoanalytic treatment exists by virtue of an informed choice leading to a mutually accepted agreement between a psychoanalyst and a patient or the parent(s) or guardian(s) of a minor patient.

2. It is not ethical for a psychoanalyst to take advantage of the power of the transference relationship to aggressively solicit patients, students or supervisees into treatment or to prompt testimonials from current or former patients. Neither is it ethical to take such advantage in relation to parent(s) or guardian(s) of current or former minor patients.

3. It is unethical for a psychoanalyst to use his/her position of power in analytic organization, professional status or special relationship with a potential patient or parent or guardian of a minor patient to coerce or manipulate the person into treatment.

4. Careful attention should be given to the process of referral to avoid conflicts of interest with other patients and colleagues.

5. All aspects of the treatment contract which are applicable should be discussed with the patient during the initial consultation process. The psychoanalyst's policy of charging for missed sessions should be understood in advance of such a charge. The applications of this policy to third party payment for services should be discussed and agreed upon by the patient. In the case of patients who are minors, these matters should be discussed early on with the parent(s) or guardian(s) as well as with the patient as age and capability dictate.

6. A reduced fee does not limit any of the ethical responsibilities of the treating psychoanalyst.

7. The psychoanalyst should not unilaterally discontinue treating a patient without adequate notification discussion with the patient and, if a minor, with the parent(s) or guardian(s) and an offer of referral for further treatment. Consultation should be considered.

IV. Confidentiality

1. All information about the specifics of a patient's life is confidential, including the name of the patient and the fact of treatment. The psychoanalyst should resist disclosing confidential information to the full extent permitted by law. Furthermore, it is ethical, though not required, for a psychoanalyst to refuse legal, civil or administrative demands for such confidential information even in the face of the patient’s informed consent and accept instead the legal consequences of such a refusal.(I)
2. The psychoanalyst should never share confidential information about a patient with nonclinical third-parties (e.g., insurance companies) without the patient's or, in the case of a minor patient, the parent's or guardian's informed consent. For the purpose of claims review or utilization management, it is not a violation of confidentiality for a psychoanalyst to disclose confidential information to a consultant psychoanalyst, provided the consultant is also bound by the confidentiality standards of these Principles and the informed consent of the patient or parent or guardian of a minor patient has first been obtained. If a third-party payer or a patient or parent or guardian of a minor patient demands that the psychoanalyst act contrary to these Principles, it is ethical for the psychoanalyst to refuse such demands, even with the patient's or, in the case of a minor patient, the parent's or guardian's informed consent.\(^{(2)}\)

3. The psychoanalyst of a minor patient must seek to preserve the patient's confidentiality, while keeping parents or guardians informed of the course of treatment in ways appropriate to the age and stage of development of the patient, the clinical situation and these Principles.

4. The psychoanalyst should take particular care that patient records and other documents are handled so as to protect patient confidentiality. A psychoanalyst may direct an executor to destroy such records and documents after his or her death.

5. It is not a violation of confidentiality for a psychoanalyst to disclose confidential information about a patient in a formal consultation or supervision in which the consultant or supervisor is also bound by the confidentiality requirements of these Principles. On seeking consultation, the psychoanalyst should first ascertain that the consultant or supervisor is aware of and accepts the requirements of the Confidentiality standard.

6. If the psychoanalyst uses confidential case material in clinical presentations or in scientific or educational exchanges with colleagues, either the case material must be disguised sufficiently to prevent identification of the patient, or the patient's informed consent must first be obtained. If the latter, the psychoanalyst should discuss the purpose(s) of such presentations, the possible risks and benefits to the patient's treatment and the patient's right to withhold or withdraw consent. In the case of a minor patient, parent(s) or guardian(s) should be consulted and, depending on the age and developmental stage, the matter may be discussed with the patient as well.

7. Supervisors, peer consultants and participants in clinical and educational exchanges have an ethical duty to maintain the confidentiality of patient information conveyed for purposes of consultative or case presentations or scientific discussions.

8. Candidate psychoanalysts-in-training are strongly urged to consider obtaining the patient's informed consent before beginning treatment, pertaining to disclosures of confidential information in groups or written reports required by the candidate's training. Where the patient is a minor, the candidate is strongly urged to consider obtaining informed consent from the parent(s) or guardian(s); age and stage of development will assist the candidate in determining if the patient should also be informed.

\(^{(1)}\) Refusal of such demands for confidential information, while ethical, may have serious consequences for the patient, e.g., loss of benefits, loss of job opportunity, etc., which may
cause the patient to take some legal action against the member. The fact that refusal is ethical is unlikely to protect the psychoanalyst in those circumstances, unless the member has made his or her position clear both at the onset and throughout treatment. Even with these clarifications a degree of exposure may remain.
(2) the caveat expressed in footnote (1) is applicable. Again, the psychoanalyst may refuse the patient's demand that he or she act contrary to the principles. While this may protect a member against accusations of unethical conduct, it is unlikely to protect a psychoanalyst against legal allegations of substandard conduct.

V. Truthfulness

1. Candidate psychoanalysts-in-training are strongly urged to inform psychoanalytic training patients and prospective psychoanalytic training patients that they are in training and supervised. Where the patient is a minor, the parent(s) or guardian(s) should also be informed. If asked, candidate psychoanalysts-in-training should not deny that they are being supervised as a requirement of their training.

2. The psychoanalyst should speak candidly with prospective patients or the parent(s) or guardian(s) if the patient is a minor about the benefits and burdens of psychoanalytic treatment.

3. The psychoanalyst should avoid misleading patients or parents or guardians of minor patients or the public with statements that are knowingly false, deceptive or misleading.

VI. Avoiding Exploitation

1. Sexual relationships involving any kind of sexual activity between the psychoanalyst and a current or former patient, or a parent or guardian of a current or former patient, or any member of the patient's immediate family whether initiated by the patient, the parent or guardian or family member or by the treating psychoanalyst, are unethical. Physical touching is not ordinarily regarded as a technique of value in psychoanalytic treatment. If touching occurs, whether of the patient by the psychoanalyst or the psychoanalyst by the patient, such an event should alert the psychoanalyst to the potential for misunderstanding of the event by the patient or the psychoanalyst, and consequent harm to the future course of treatment and consultation should be considered. Consultation should be considered if there is concern about the future course of treatment.

With children before the age of puberty touching between the patient and the psychoanalyst is likely to occur as in helping or during a patient's exuberant play. Also, a disruptive or out of control child may need to be restrained. The psychoanalyst needs to be alert to the multiple meanings for both parties of such touching. Keeping parent(s) or guardian(s) informed when this occurs may be useful. Consultation should be considered if the touching causes the psychoanalyst concern.

2. Marriage between a psychoanalyst and a current or former patient, or between a psychoanalyst and the parent or guardian of a patient or former patient is unethical, notwithstanding the absence of a complaint from the spouse and the legal rights of the parties.
3. It is not ethical for a psychoanalyst to engage in financial dealings with a patient, or in the case of a minor patient, the parent(s) or guardian(s) beyond reimbursement for treatment; or to use information shared by a patient or parent(s) or guardian(s) for the psychoanalyst's financial gain.

4. It is not ethical for a psychoanalyst to solicit financial contributions from a current or former patient or the parent/guardian of a current or former patient for any purpose; nor should a psychoanalyst give the names of current or former patients or their parents/guardians for purposes of financial solicitation by others.

5. If a patient or parent or guardian of a minor patient brings up the idea of a financial gift to a psychoanalytic organization or cause during treatment, it should be handled psychoanalytically and, if necessary, the patient should be informed that his or her confidentiality might be breached by the treating psychoanalyst's obligation to recuse him/herself from involvement in decisions governing use of the gift. If a gift is given nevertheless, the psychoanalyst is ethically obliged to refrain from any decision regarding its use by the recipient organization or cause.

6. If a current or former patient or the parent/guardian of a current or former patient, gives an unsolicited financial gift, or establishes a trust or foundation or other entity for the benefit of his/her psychoanalyst, or for the benefit of the professional or scientific work of said psychoanalyst, or for the benefit of the psychoanalyst's family, or the gift is placed under the control of the psychoanalyst, even if not directly beneficial to the psychoanalyst or his/her family, it is not ethical for the psychoanalyst to accept any financial benefit or to control its disposition.

7. It is ethical for a psychoanalyst to accept a bequest from the estate of a former patient, provided that it is promptly donated to an organization or cause from which the psychoanalyst or his/her family do not personally benefit and over which the psychoanalyst has no direct control.

8. It is unethical for a psychoanalyst to use his or her professional status, special relationship, or position of power in an analytic organization to solicit gifts or funds, sexual favors, special relationships, or other tangible benefit from patients, the parent(s) or guardian(s) of minor patients, members of the patient's immediate family, psychoanalysts-in-training or supervisees. Sexual relationships between current supervisors and supervisees are unethical.

VII. Scientific Responsibility

1. The psychoanalyst should take every precaution in using clinical material to respect the patient's rights and to minimize the impact of its use on the patient's privacy and dignity. In the case of minor patients the impact on parent(s) or guardian(s) needs to be considered. Particular care should be exercised in using material from a patient who is still undergoing treatment.

2. It is unethical for a psychoanalyst to make public presentations or submit for publication in scientific journals falsified material that does not refer to actual observations drawn from the
clinical situation. Such clinical material must be disguised sufficiently to protect identification of the patient.

3. The psychoanalyst should exercise caution in disguising patient material to avoid misleading colleagues as to the source and significance of his or her scientific conclusions.

VIII. Safeguarding the Public and the Profession

1. The psychoanalyst should seek consultation when, in the course of treating a patient, the work becomes continuously confusing or seriously disturbing to either the psychoanalyst or the patient, or both. On occasion in the treatment of a minor, the relationship between the psychoanalyst and parental figure may cause sustained disturbance or confusion for the psychoanalyst. In such a situation consultation is indicated.

2. A psychoanalyst who undergoes a serious illness and extended convalescence, or whose analyzing capacities are impaired, must consult with a colleague and/or medical specialist to clarify the significance of his or her condition for continuing to work.

3. A request by a patient, a parent/guardian of a minor patient, or a colleague that the psychoanalyst seek consultation should receive respectful and reflective consideration.

4. If a psychoanalyst is officially notified by a representative of an institute or society that a possible impairment of his/her clinical judgment or analyzing ability exists, the psychoanalyst must consult with no less than two colleagues, one of whom may be a non-analyst medical specialist, each acceptable to the notifying body. If impairment is found, remedial measures be followed by the psychoanalyst in order to protect patients from harm and to prevent degradation of the standards of care in the profession.

5. It is ethical for a psychoanalyst to consult with the patient of a colleague without giving notice to the colleague, if the consultation has been requested by the patient.

6. It is ethical for a psychoanalyst to intervene on behalf of a colleague's patient if he or she has evidence from a direct or indirect consultation with the colleague's patient or from supervision of the colleague's work with the patient that the colleague may be conducting him/herself unethically toward the patient or may be so impaired as to threaten the patient's welfare.

7. It is ethical for a psychoanalyst to accept for treatment the current patient of a colleague if consultation with a third colleague indicates that it is in the best interest of the patient to do so.

8. In the event that a credible threat of imminent bodily harm to a third party by a patient becomes evident, the psychoanalyst should take reasonable appropriate steps to protect the third-party from bodily harm, and may breach patient confidentiality if necessary only to the extent necessary to prevent imminent harm from occurring. The same applies to a credible threat of suicide.
9. In the case of a minor where the psychoanalyst is concerned that a credible threat of serious self injury or suicide is imminent, the psychoanalyst should take appropriate steps. This would include the notification of parent(s) or guardian(s) even if a breach of confidentiality is required. Under these circumstances, any breach of confidentiality should be restricted to the minimum necessary to prevent harm of the minor child.

10. When a psychoanalyst becomes convinced that abuse is occurring, the psychoanalyst may report adult or child abuse of a patient or by a patient to the appropriate governmental agency in keeping with local laws. Should the patient be a minor, informing parent(s) or guardian(s) needs to be considered. In these circumstances, confidentiality may be breached to the minimum extent necessary. However, in keeping with General Principle IX, a psychoanalyst may also refuse to comply with local reporting laws if that psychoanalyst believes that to do so would seriously undermine the treatment or damage the patient. Given the complexities of these matters, a psychoanalyst who is concerned that abuse of an adult or child is occurring is encouraged to continue to explore the situation and to consider utilizing consultation to determine what course of action would be most helpful.

11. Local psychoanalytic societies and institutes have an obligation to promote the competence of their members and to initiate confidential inquiries in response to ethics complaints.

IX. Social Responsibility

1. The psychoanalyst should make use of all legal, civil, and administrative means to safeguard patients' rights to confidentiality, to ensure the protection of patient treatment records from third party access, and to utilize any other ethical measures to ensure and maintain the privacy essential to the conduct of psychoanalytic treatment.

2. The psychoanalyst is urged to support laws and social policies that promote the best interests of patients and the ethical practice of psychoanalysis.

3. The psychoanalyst is encouraged to contribute his or her time and talents, if necessary without monetary compensation, to consultative and educational activities intended to improve public welfare and enhance the quality of life for the mentally ill and economically deprived members of the community.

X. Integrity

1. Psychoanalysts and candidate psychoanalysts-in-training should be familiar with the Principles of Ethics and Standards, other applicable professional ethics codes, and their application to psychoanalysis.

2. Psychoanalysts should strive to be aware of their own beliefs, values, needs and limitations and to monitor how these personal interests impact their work.
3. Psychoanalysts should cooperate with ethics investigations and proceedings conducted in accordance with the Provision for Implementation of the Principles and Standards of Ethics for Psychoanalysts. Failure to cooperate is itself an ethics violation.

**Provisions For Implementation of the Principles and Standards of Ethics for Psychoanalysts**

**I. Committee on Ethics:** There shall be a joint standing Committee on Ethics of the Board on Professional Standards and the Executive Council.

A. Composition and Appointment. The Committee on Ethics ("Committee") shall consist of seven members appointed jointly by the President of the Association ("President") and the Chair of the Board on Professional Standards ("Board Chair"). At least one of the seven members shall be a child analyst. Each member shall serve a staggered five year term; members will be appointed each year to replace members whose term has expired.

The President and Board Chair will jointly designate one member to act as chair of the Committee for a term of two years and, in the event of a vacancy on the Committee, will jointly appoint members to complete the unexpired term of the incumbent member. The President and the Board Chair will jointly appoint a substitute to replace any Committee member who recuses him/herself from a case or who is unable to serve for any other reason. In the event that the case involves a patient who is a minor the President and the Board Chair will assure that a child analyst will serve on the Committee. On completion of the disposition of such a case, the recused, or otherwise unavailable member shall resume his/her seat on the Committee.

B. Duties. The Committee on Ethics shall:

1. Respond to communications regarding the "Principles and Standards of Ethics for Psychoanalysts" ("Principles") and the "Provisions for Implementation of the Principles of Ethics for Psychoanalysts" ("Provisions") and issue advisory opinions regarding the application of the "Principles" to particular conduct.

2. Recommend to the Board on Professional Standards and the Executive Council appropriate additions or modifications to the "Principles" and "Provisions."

3. Pursuant to procedures hereinafter described, review decisions of Affiliated Societies, Study Groups, Accredited and Provisionally Accredited Training Institutes (hereinafter, collectively, "local groups") with regard to complaints alleging that a member of the Association has breached the "Principles." Such review shall enable the Committee to (a) make a decision on the basis of the local group's investigation and decision, regarding the psychoanalyst's membership status in the Association; and (b) where appropriate, make recommendations to local groups regarding their handling and disposition of such matters.
II. Association Procedures in Regard to Questions of Unethical Conduct

A. Advisory Opinions.

(1) Requests for advisory opinions will be referred to the Chair, Committee on Ethics for response. Copies of responses will be sent to the President and the Board Chair.

(2) The Committee will prepare summaries of any such advisory opinions rendered. Summaries will be distributed to the membership after approval by the Executive Committee or by the Board on Professional Standards and the Executive Council on referral from the Executive Committee.

B. Adjudication.

(1) A complaint alleging breach of the "Principles" by a member of the Association must be made directly to a local group.

(2) If a complaint alleging breach of the "Principles" is addressed to the Association, it shall be referred to the charged member's local group for investigation.

(3) The Association may also refer to a member's local group publicly available information about the member, including information about malpractice findings, adverse membership actions by professional societies, and loss or restriction of license, and request that the local group initiate an ethics investigation on the basis of such information.

III. Adjudication at the Local Level

A. Committee on Ethics of Local Group. Each local group shall have a Committee on Ethics for dealing with complaints of unethical conduct.

B. Informal Proceedings and Resolution.

(1) Each local group shall consider establishing mechanisms to enable it to determine whether to proceed pursuant to formal procedures outlined in Section III below, or to address the issues through more informal, nonadversarial proceedings which can facilitate the efficient resolution of the complaint in a manner that is educational and corrective to the member.

(2) The local group's procedures should include a description of any such informal mechanisms for resolution of which the complainant may take advantage and of any early, informal procedures by which the local group may decide to resolve the complaint through alternative, informal means, rather than through formal procedures.

C. Initial Response to Potential Complaint. The local group should furnish any potential complainant copies of the group's procedures for dealing with complaints of unethical conduct, and of the Association's "Principles" and "Provisions."
The complainant should also be informed that such complaint must identify the charged member; must be in writing and be signed by the complainant; must clearly describe the facts and circumstances surrounding the charge of unethical conduct, citing, if possible, the applicable principle(s) of ethics alleged to have been breached; and must be accompanied by a signed statement agreeing to the use of the local group's and the Association's procedures, asking that action be taken and authorizing the distribution of the complaint and other materials submitted by the complainant in connection with the investigation.

D. Notification of Accused Member. The local group shall then notify the charged member of the complaint, providing copies of the complaint and other materials submitted by the complainant, the group's procedures for handling ethics complaints, and the Association's "Provisions."

E. Determination of Whether Complaint Merits Investigation. The local group shall determine whether the complaint merits investigation under the ethical standards established by the "Principles." If it does not, the complainant and the charged member shall be so informed in writing. If the complaint is determined to merit further investigation, the charged member shall be informed in writing and notified of the right to a hearing, and that during the investigation and hearing, the rights set out in Section (F) below shall apply.

F. Procedures of Local Group. The local group's procedures for handling complaints of unethical conduct must assure fair process and provide the charged member with the following:

(1) the opportunity to be notified of, and to address, the charges;

(2) the right to be represented by legal counsel;

(3) the right to a hearing, including the right to call, examine and cross-examine witnesses, or reasonable alternatives thereto;

(4) notice of not less than 30 days of the date, place, and time of the hearing, the witnesses expected to testify thereat; and the member's procedural rights at the hearing;

(5) the right to submit a written statement at the end of any hearing;

(6) the right to have a record made of the hearing proceedings and to have a copy of the record upon payment of reasonable charges; and

(7) the right to receive (a) the written final decision or recommendation of the ethics committee or other hearing body, including a statement of the basis therefore, and (b) if the hearing body makes a recommendation to its local group or other body of the local group, a written final decision of the group, including a statement of the basis for the decision. The charged member must be informed that relevant evidence will not be excluded from any hearing solely on the grounds that it would not be admissible in a court of law.
G. Decision of Local Group. In any case in which formal procedures have been followed, after full and fair consideration of the complaint and all the evidence introduced at the hearing, the local group shall arrive at a determination as to the appropriate disposition of the case. In addition to any other disposition, the local group's procedures may enable it to (1) conclude that unethical conduct may have occurred but recommend that no formal finding be made and no sanction imposed pending completion of remedial action recommended and agreed to by the charged member; or (2) dismiss the charges with prejudice, accompanying the dismissal with a letter of admonition, expressing the sense that there may be questions about the member's practices or judgment and putting the member on notice that further education, consultation and/or supervision may be indicated as well as possible sanctions.

H. Notification of Charged Member and of American Psychoanalytic Association. After arriving at a decision, the local group shall advise the charged member, the complainant, the President of the Association and the Chair of the Board on Professional Standards, as well as the Ethics Committee of the Association, of the action taken by the local group.

IV. Review of Decision of Local Group and Action by Association

A. Purpose of Review. The Association shall review a local group's investigation and decision in order (1) to determine whether action by the Association is appropriate, and (2) where appropriate, to make recommendations to local groups regarding their handling and disposition of the case.

B. Circumstances of Review. The Association shall review an investigation and decision by a local group under the following circumstances:

(1.) Automatic Review. If a member of the Association has been censured, suspended, or expelled by a local group, or if his/her faculty status in an accredited Institute has been suspended or terminated as a result of adjudication of complaints of unethical conduct, a review of the case shall be promptly undertaken.

(2.) Requested Review. If the disposition of a case is other than censure, suspension or expulsion by a local group, or suspension or termination of a member's faculty status in an accredited Institute, the Association shall undertake a review of the case if formal request for such review is made to the President of the Association, by the member(s) charged, the complainant, or the local group, within 60 days after notification of the group's decision.

(a) Each such request by a complainant or charged member shall include the reasons for dissatisfaction with the action taken at the local level.

(b) Each such request by the charged member also shall include adequate information regarding the charge, and his/her defense.

(c) Each such request by a local group shall include identification of the charges and the persons involved, a description of all attempts by the group to resolve the matter, and the reason for referral to the Association.
C. Process of Review.

(1) The initial review of the investigation and decision of a local group shall be conducted by the Association's Committee on Ethics, which may confer with the President and legal counsel of the Association.

(2) The Committee on Ethics will request all records of the investigation from the local group and will review the procedures used by the local group, its interpretation and application of the Association's "Principles" and its decision regarding the conduct complained of and any sanction imposed.

(3) In the course of its review, the Committee on Ethics may, but shall not be required to, request written briefs from complainant or counsel for complainant, charged member or counsel for the charged member, and the local group or counsel for the local group. Any brief received from the complainant or the local group shall be provided to the charged member, who shall be given at least 30 days to respond. Personal appearance before the Committee by the complainant, charged member, or local group representatives may be requested.

(4) The Committee on Ethics shall prepare a written summary of the case, including its decision and the basis of its decision.

D. Outcome of Ethics Committee Review.

(1) On the basis of its review of the investigation and decision of the local group, the Committee, by majority vote with no more than two members dissenting or abstaining, shall decide what action the Association should take with regard to the complaint filed against the charged member. While based on the information gathered by the local group, the decision of the Committee on Ethics may differ from the decision arrived at by the local group. The Committee on Ethics shall vote for one of the following measures:

(a) Exoneration. The charged member is cleared from blame as the evidence established no unethical conduct by the member.

(b) Dismissal of Complaint Without Prejudice. This disposition permits new proceedings with respect to the same charge at a later date; i.e., when a determination on the merits cannot be made because of insufficient reliable evidence or other procedural defects.

(c) Dismissal of Complaint With Prejudice. The complaint is dismissed without any finding of unethical conduct; proceedings with regard to the same complaint may not be reinstituted.

Where appropriate, such a dismissal may be accompanied by a letter of admonition, expressing the sense of the Association that there may be questions about the appropriateness of the conduct of the charged member and putting the member on notice that further education, consultation and/or supervision may be indicated.

(d) Censure.
(e) Suspension from the Association. Such suspension shall be for a stipulated period, not to exceed three years from date of suspension.

(f) Separation from the Rolls. A new application for membership in the Association shall not be entertained in less than five years from date of separation.

(g) Permanent Expulsion from the Association.

(2) On the basis of its review, the Committee may also decide to consult with the local group regarding its procedures in investigating the complaint of unethical conduct, its interpretation of the Association's "Principles" and its decision regarding the conduct complained of and sanction imposed. However, the Committee and the Association may not otherwise reverse or modify the decision of the local group.

E. Procedure Following Committee on Ethics

(1) The Committee on Ethics shall forward a summary of the case, including a statement of the basis of its decision, to the President of the Association. The President shall notify the charged member, the complainant, and the local group of the decision and shall provide the charged member with a copy of the summary.

(2) If the decision of the Committee on Ethics has been to exonerate the charged member, to dismiss the complaint with or without prejudice, or to censure the charged member, the charged member also shall be advised that such decisions of the Committee are final, and unappealable.

(3) If the decision of the Committee on Ethics has been to suspend, separate from the rolls, or expel the charged member, the decision is not final unless it has been ratified by the Executive Council pursuant to the procedures set out in Section IV(E)(4), below. When the President notifies the charged member of such a decision, the President also shall notify the member that he/she must indicate in writing within 30 days from the date of mailing of the notice, that he/she either accepts the decision or that he/she wishes to appeal it. Unless written notification from the charged member is received within the specified time, the right to appeal shall have been forfeited.

(4) Executive Council Ratification or Appeal. Following notification of all parties as set out above, the Chair of the Committee on Ethics shall present the case and its conclusions to the Executive Council sitting in Executive Session.

(a) When Appeal Not Requested. When the charged member has not requested an appeal, The Executive Council shall decide whether or not to ratify the decision of the Committee on Ethics.

(i) If the Executive Council by majority vote, decides to ratify the decision of the Committee on Ethics, the decision will be final. The Executive Council may prepare its own written decision of the case or adopt the conclusions of the Committee on Ethics as the decision of the Association.
(ii) If the Council fails to ratify the decision of the Committee on Ethics, the Council may refer the matter back to the Committee on Ethics for further deliberation and may specify questions or concerns it has about the matter.

(iii) If the Executive Council refers the matter back to the Committee on Ethics, the Committee shall reconsider its decision, following procedures set forth in Sections IV(C), (D) and (E). The President shall notify all concerned parties of the Council's decision, provide the charged member with current status of the matter and remind the member of his/her right to appeal as set out in IV(E)(3). If the charged member does not exercise the right to appeal, the matter will again be presented for Executive Council consideration as set out herein.

(iv) On the Executive Council's ratification of the decision of the Committee on Ethics, whether at initial or subsequent presentations, the charged member, complainant and local group shall be notified of its decision. The charged member shall be provided a copy of the final decision.

(b) When Appeal Requested; Executive Council Ratification. If the charged member exercises his/her right to appeal the decision of the Committee on Ethics, the President and Board Chair shall jointly appoint an Executive Council Ethics Appeals Committee consisting of five members, including at least two Councilors-at-Large, and at least one Executive Councilor. The remaining two members shall be former members of the Committee on Ethics. If the case involves a minor patient the Appeals Committee must include a child analyst. The appointment and composition of the Ethics Appeals Committee shall be confirmed by a majority vote of the Executive Council. This Committee is empowered to act on behalf of the Executive Council in adjudicating the charged member's appeal, and its decision shall be final. The Committee shall review the record of the proceedings to ascertain that proper procedures have been followed. If it deems further fact finding is required, it shall refer the matter to the Committee on Ethics for the necessary further investigation and deliberation. On completion of its further review of the matter, the Committee on Ethics shall report its decision on reconsideration of the matter to the Ethics Appeals Committee. A majority vote of this Committee shall be required to reach a final disposition of the matter. This Committee's final disposition shall be reported to Council and its report shall be considered on action by Council without further debate or vote by Council.

V. Confidentiality and Disclosure

All information and records pertaining to a charge of unethical conduct against a member, its investigation and any decision rendered shall be kept confidential except as set forth herein. Disclosure is authorized in the following instances:

A. Information may be disclosed to those members, staff and non-member consultants who need the information to assure the effective administration of these procedures.

B. A decision relating to a charge of unethical conduct, which has been reviewed and ratified by the Executive Council:
(1) shall be reported with identification of the member, to the Meeting of Members in the Secretary's report of the Minutes of the Executive Council and in such written Minutes, circulated by mail to the membership of the Association if the decision has resulted in the suspension, separation from the rolls, or expulsion of the member from the Association;

(2) shall be reported to the membership of the Association as noted in V(B)(1) above if the decision has resulted in the censure of the member, with the identification of the member included only at the discretion of the Executive Council; and

(3) shall be reported, to the membership of the Association as noted above, if the decision has been to dismiss the charges or exonerate the member, with the identification of the member only on his/her written request.

C. The Committee on Ethics may, at its discretion, report decisions or disclose other matters brought before it to other components of the Association, provided the identity of the parties involved is not revealed.

D. The Committee on Ethics shall provide information concerning a charge of unethical conduct, including the name of the charged member, to the Association's Membership Committee and the Board's Certification Committee when either of these committees consider an application from a member who has been sanctioned for unethical conduct. This information should also be supplied to the Appointments Committee chairs of the Board and Council.

E. The Committee on Ethics may disclose a decision concerning a charge of unethical conduct to other appropriate ethical bodies or, when required by law, to appropriate governmental or other entities.

F. The Executive Council may report an ethics complaint or a decision finding that a member has acted unethically to any licensing authority, professional society or other entity or person if it considers such disclosure appropriate to protect the public.

VI. Resignation

The Association shall not be required to accept a resignation from a member against whom a charge of unethical conduct is pending. An offer of resignation, whether or not it is accepted by the Association, shall not require the termination of an investigation of unethical conduct, nor prevent the rendering or disclosure of a decision on such a charge.

VII. Indemnification

As a condition of membership in the Association, each member agrees to cooperate with the work of the Committee on Ethics, on request, and to release, hold harmless and indemnify the Association, its officers, agents and members of the Committee on Ethics from any and all claims:
A. arising out of the institution and processing of investigations of unethical conduct in respect to said member, and the imposition and disclosure of sanctions as a result of such proceedings; and

B. with respect to any third party action or proceeding brought against such member based upon, relying on, arising from or with reference to the Principle of Ethics and Standards of the Association or any ethical proceeding conducted by the Association involving such member.
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<td>Developmental Psychology</td>
<td>Dr. John</td>
<td>Apr 6, 13, 20, 27</td>
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<td>Different Perspectives of Psychology</td>
<td>Dr. Smith</td>
<td>May 4, 11, 18, 25</td>
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<td>Writing</td>
<td>Dr. Patel</td>
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<td>Dr. Wang</td>
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APPENDIX F.

Suggested Assessment Outline:

Information to be collected and intake interview:

1. General description of the patient
2. Description of the major symptoms
   a. Secondary symptoms, conflicts,
3. Onset and evolution of present symptoms
4. Current situation of the patient - Major reality problems of the present
5. Family:
   a. Background history, main ethnic, and economic circumstances
   b. Personality sketches of parents, siblings, other relatives
   c. Broad outline of personal history
6. Psychosexual history:
   a. Current sexual status and choice, etc.
   b. Childhood sexual trauma
   c. Masturbation history, etc.
   d. History of heterosexual relationships
   e. Marital history
   f. Homosexual features, fantasies of relationship
7. Childhood data with special reference to feeding difficulties, enuresis, bowel or enemas, etc., nightmares, phobias, etc.
8. Pertinent details of:
   a. Educational and occupational difficulties
   b. Special talents and creative evolution
9. Previous medical and surgical illnesses:
   a. Previous psychiatric illness
   b. In female:
      i. Menstruation
      ii. Obstetrics
10. Expressed feelings about present decision and/or psychotherapy

Suggested Assessment Outline:

List of items to be mentioned:

Diagnostic impression:

1. Major nosology suggested by data of the interview
   a. Differential possibilities, alternative classifications
   b. Secondary and superimposed diagnoses
2. Hypotheses concerning genetic origins and development of symptoms and character traits, psychodynamic hunches suggested by the data at hand - Economic estimates of factors
3. Delineation of major histories in:
   a. Past history
   b. Account of present illness
   c. Dynamic understanding of clinical features of case
4. Estimate of the analytic course or development likely to be encountered, considering:
   a. Degree of illness
   b. Ego assets (intelligence, etc.) and liabilities
   c. Major defenses
   d. Motivation
   e. Transference predictions
   f. Specific instinctual tendencies - masochism, aggression, homosexuality
   g. Reality problems
5. Estimate of therapeutic possibilities in terms of symptom improvement, character alteration, etc.
6. Estimate of pedagogical potentialities, research or theoretical interest, other aspects of case in relation to our practitioner's organization
APPENDIX G.

SAN DIEGO PSYCHOANALYTIC CENTER
ADULT PSYCHOANALYTIC TRAINING PROGRAM
EVALUATION OF CLINICAL ASSOCIATE
BY COURSE INSTRUCTOR(S)

The Curriculum Committee will be reviewing instructor(s) evaluations of the Clinical Associate’s coursework. Summaries of these comments will also be submitted to the CME Committee for their annual needs assessment review. Your evaluation of this Clinical Associate is also important for the assessment and planning of future courses. Therefore, we greatly appreciate your response to Items A – F below, and also encourage you to include any additional feedback you would like considered in the planning of future courses.

COURSE:  CLINICAL ASSOCIATE:  INSTRUCTOR(S):  DATES:  TERM:

Using the following scale, rate Items A. thru F. below:

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<th>Consistent</th>
<th>Somewhat Consistent</th>
<th>Occasional</th>
<th>Infrequent</th>
<th>Never</th>
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Please circle your rating of the candidate for each item below:

A. Interest and preparation.................................................5 4 3 2 1
B. Involvement and participation........................................5 4 3 2 1
C. Demonstrated evolving capacity to articulate concepts.................................................5 4 3 2 1
D. Demonstrates conceptual grasp by clinical examples.....5 4 3 2 1
E. Relevance of the course to the candidate’s clinical practice.................................................5 4 3 2 1
F. Evidence the candidate demonstrates improvement in treatment of patients.................................................5 4 3 2 1

Please summarize the clinical associate’s progress emphasizing areas of strength, areas that require more focused attention, and ways in which the candidate has applied the concepts of this class towards improved treatment outcomes. Give a few specific examples (add another page if necessary).

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Return your completed evaluation to the Administrator.
APPENDIX H.

THE SAN DIEGO PSYCHOANALYTIC CENTER
ADULT PSYCHOANALYTIC TRAINING PROGRAM
EVALUATION OF SUPERVISION BY CANDIDATE

Rationale - Psychoanalytic Supervision is central to the tripartite training model, and requires unique interpersonal as well as cognitive/didactic skills in the supervisor. Candidate feedback has been a neglected but potentially very useful factor in improving the quality of the supervisory experience for both partners in the dyad, as well as for the overall training program. This form is also intended to help us assess the effectiveness of supervision in improving patient outcome as currently required for our CME accreditation.

Method – All responses will be collated anonymously and distributed to all supervisors to insure confidentiality and facilitate candor for the Supervisee. Although this will eliminate the specificity of the feedback, we will be better able to identify strengths and weaknesses in the overall quality of this aspect of the training. Supervisory dyads are encouraged to review and discuss both the content and process of this evaluation to whatever extent is practicable.

Clinical Associate:

Case No:

Patient Gender:

Supervisor:

Period Covered by this Report:

No. of Supervisory Sessions (Current Period/Total):

Please circle the number that best corresponds with how you would describe your supervision experience this year:

<table>
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<tr>
<th>Consistent</th>
<th>Somewhat Consistent</th>
<th>Occasional</th>
<th>Infrequent</th>
<th>Never</th>
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<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Please circle your response for each item below:

A. Instructions and expectations were clear
B. Supervisor was collaborative
C. Supervisor was knowledgeable
D. Supervisor helped me conceptualize cases
E. Supervisor helped me develop a therapeutic relationship
F. Supervisor helped me develop a coherent theory of mind
G. Supervisor helped me develop effective interventions
H. Supervisor helped me recognize/use countertransference
I. Supervisor helped me facilitate the analytic process
J. Supervisor attended to multi-cultural issues
K. Supervisor fostered my creativity
L. Supervisor helped me improve patient outcome

Please answer the following questions:
1. What characteristics of your supervisor’s approach to supervision were most and least instrumental in facilitating your learning?

2. Did you feel sufficiently challenged? In what ways were you challenged to grow as an analyst? How has your work changed as a result?

3. What else do you think would improve the experience of future supervisees?

4. Without revealing any identifying information, please give one example of how a supervisory interaction resulted in your being able to work more successfully to bring about change in your analysand.
Please evaluate each candidate you are supervising. We would greatly appreciate all current supervisors' responses to Items A-G below, as well as a written summary in the space provided. This report will also be submitted to the CME Committee for their annual needs assessment review.

**Name of Supervisor** __________________________________________

<table>
<thead>
<tr>
<th>Case No:</th>
<th>Gender:</th>
<th>Clinical Associate:</th>
<th>Period Covered by this Report:</th>
<th>No. of Analytic Sessions (current/total):</th>
<th>No. of Supervisory Sessions (current/total):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Always Consistent</th>
<th>Usually Consistent</th>
<th>Occasionally</th>
<th>Infrequently</th>
<th>Never</th>
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<td>4</td>
<td>3</td>
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</table>

**Please check your response for each item below:**

A. Capacity to utilize supervision........................

B. Effectively build a treatment alliance..............

C. Identify resistances to deepening the analytic process

D. Capacity to facilitate the analytic process ..........

E. Recognition and utilization of countertransference...

F. Evidence the patient is benefitting from the analysis...

G. Ability to convey analytic process in writing.........
Please summarize the candidate's progress emphasizing areas of strength, areas that require more focused supervisory attention, and ways in which the candidate has applied the concepts learned in classes to increase treatment outcomes. See attached course chart. Add another page if necessary.

__________________________________________

__________________________________________

__________________________________________

Return your completed evaluation to the Administrator.

Supervisor's Signature:______________________________

Candidate's Signature:______________________________

Date:_____________
APPENDIX J.

SAN DIEGO PSYCHOANALYTIC CENTER
ADULT PSYCHOANALYTIC TRAINING PROGRAM
EVALUATION OF COURSE & INSTRUCTOR(S)
BY CLINICAL ASSOCIATE

The Curriculum Committee will be reviewing the Clinical Associate’s (Candidate’s) feedback regarding the instructor and the course. Summaries of these comments will also be submitted to the CME Committee for their annual needs assessment review.
Your evaluation of this instructor/course is important for the assessment and planning of future courses. Therefore, we greatly appreciate your response to Items A – F below, and also encourage you to include any additional feedback you would like considered in the planning of future courses.

COURSE:

INSTRUCTOR(S):

CO-INSTRUCTOR:

DATES:

ACADEMIC TERM:

Using the following scale, rate Items A. thru F. below:

<table>
<thead>
<tr>
<th>Consistent</th>
<th>Somewhat Consistent</th>
<th>Occasional</th>
<th>Infrequent</th>
<th>Never</th>
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<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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</tbody>
</table>

Please circle your rating for each item below:

A. Organization of Course Material………………………….5  4  3  2  1
B. Preparation for each Seminar……………………………..5  4  3  2  1
C. Instructor’s ability to integrate the course material……….5  4  3  2  1
D. Co-Instructor’s ability to integrate the course material.......5  4  3  2  1
E. Relevance of the course to clinical practice………………….5  4  3  2  1
F. Evidence that the course improved work with patients…..5  4  3  2  1

Describe a specific example of how this course impacted your clinical understanding and your actual work with patients to demonstrate your improved treatment outcomes. Give a few examples. (Add another page if necessary).
Return your completed evaluation to the Administrator.
APPENDIX K.

TO: DIRECTORS OF INSTITUTES, EDUCATION CHAIRS,

FROM: Dr. Daniel H. Jacobs, Co-Chair, Committee on Institutes (COI)
Dr. Elizabeth Brett, Co-Chair, Committee on Institutes (COI)
Dr. William Bernstein, Chair, Committee on New Training Facilities (CNTF)

DATE: September, 2007

RE: ADULT TRAINING and/or SUPERVISING ANALYST APPOINTMENTS
PROCEDURES FOR SUBMITTING CURRICULUM VITAES
(Including Adult Geographic Rule Appointments)

SUBMISSION DEADLINE DATES:
JANUARY 5 for the Winter Meeting JUNE 1 for the Annual Meeting

MINIMUM REQUIREMENTS

The following are the minimum requirements (from the Educational Standards*) that confirms eligibility and determines suitability for appointment to Training and/or Adult Supervising Analyst Status:

1. Appointment is possible after the individual has had a significant number of years, optimally five, of psychoanalytic clinical experience after graduation in adult psychoanalysis. This is to insure sufficient experience with unsupervised analytic cases beyond the training cases.

2. The applicant must be certified in adult psychoanalysis by the Board on Professional Standards.
3. The applicant must be an Active Member in good standing of the American Psychoanalytic Association.

4. The applicant must have experience with the analysis of both male and female patients.

5. The applicant must have had experience with the termination of psychoanalytic treatments.

6. The applicant must show evidence of clinical immersion in the practice of psychoanalysis. This is shown by maintaining a minimum of four adult or combined adult and child cases carried out at a frequency of five times per week with a minimum frequency of four times per week, on separate days, during the 5 years preceding appointment.
7. The applicant must have had both teaching and administrative experience as a member of the Institute's faculty.

*For additional information please review the complete Section IX (Selection and Development of Training and Supervising Analysts) of the Educational Standards which are located on APsaA’s website (www.apsa.org) under the top right button labeled Training & Education Programs.

SUBMISSION PROCEDURES

The procedural steps an institute should take in filing applications are:

A. File a current copy of the institute’s Training and Supervising Analyst appointment procedures with the Committee on Institutes.

B. Follow the institute’s usual procedure for appointment.

C. Write a cover letter addressed to the Co-Chairs of the Board on Professional Standards (Drs. Calvern Narcisi and Myrna Weiss) in which the Board’s approval of the institute’s appointment is requested. The letter should indicate either that the usual procedure was followed or indicate variations and the reasoning behind them. There should be a brief but specific description of the concerns the institute had in making the appointment and how they were resolved as well as a specific affirmative statement of the reasons for the appointment.

D. If a waiver of the Board’s usual standards are required, please state a request for the waiver in the letter and provide an explanation of the reasons and a statement of why the individual’s capacities justify the appointment none the less.

E. Applications for Geographic Rule Training and Supervising Analyst and for someone previously approved by BOPS as a Training and Supervising Analyst who is being appointed at a different institute should follow the same procedure as for an initial appointment. Please indicate whether the institute’s procedure for new appointments was used or some specific variation thereof substantiating the individual’s qualifications to your satisfaction.

F. Please make 4 copies of the cover letter (addressed to the Co-Chairs of BOPS) and 4 copies of the Curriculum Vitae application of the prospective candidate for Training and/or Supervising Analyst or Geographic Rule appointment. Send 1 copy directly to the Chair of the Committee* and 3 copies to the National Office.
APPENDIX L.

Psychoanalyst Members

Daniel Blaess, Ph.D. (faculty)
Scott Boles, Ph.D. (faculty)
Deisy Boscan, Ph.D. (faculty)
Judith Braun, M.D.
Bryan Bruns, M.D. (faculty)
Gordon Caras, Ph.D. (faculty)
Sun-Ju Chung, M.D.
Adaline Corrin, M.D. (faculty)
Caroline de Pottel, Ph.D., LCSW (faculty)
David Diamond, Ph.D. (faculty)
Steve Elig, M.D. (in-active)
Dan Gardner, M.D.
Jaga Nath Glassman, M.D. (in-active)
Rick Hall, Ph.D. (faculty)
Judith Hughes, Ph.D. (faculty)
Lee Jaffe, Ph.D. (faculty)
Khademi, Mojgan, Psy.D. (faculty)
Claudia Law-Greenberg, Ph.D.
In-Soo Lee, M.D (Associate)
Nadine Levinson, D.D.S. (faculty)
Monique Masse, M.D.
J. Reid Meloy, Ph.D. (faculty)
Eli Miller, M.D. (faculty)
Charles Moreau, M.D. (in-active)
Harry Polkinhorn, Ph.D. (faculty)
Marti Peck, Ph.D. (faculty)
Tim Rayner, M.D. (faculty)
Michele Stewart, M.D. (faculty)
Robert Stieber, Ph.D. (Associate) (faculty)
Alan Sugarman, Ph.D. (faculty)
Davis Suskind, M.D. (faculty)
Hannah Sweet, M.D. (in-active)
Jeff Thomas, LCSW (faculty)
Laura Weiss, Ph.D. (faculty)

Psychotherapy Members

Lisa Auslander, Ph.D.
Linda Helinski, Ph.D.
Sonya Hintz, M.D. (faculty)
Amy Horne, Ph.D. (faculty)
Roseann Larson, LCSW
Robert Ledermann, Ph.D., LCSW
Psychotherapy Members Continued

Felise Levine, Ph.D. (faculty)
Peter Libero, Ph.D. (faculty)
Joy Martin, Ph.D.
Marjorie Milstein, MSW
Stephanie Nigh, MFT (faculty)
Tara Robbins, Ph.D. (faculty)
Margaret Sawires, Psy.D.
Sheila Sharpe, Ph.D. (faculty)
Mariela Shibley, Psy.D.
Manuel Tobias, Ph.D.

Corresponding Members

Joseph Abrahams, M.D.
Brand Brickman, M.D.
David Goldberg, Psy.D.
Martha Graner, LCSW
Mark Leffert, M.D.
Virginia Livesay, Ph.D.
David Olenik, M.D.
Joel Rosen, M.D.
Phyllis Tyson, Ph.D.

Life Members

Joanne Callan, Ph.D. (faculty)
Alain Cohen, Ph.D. (faculty)
Calvin Colarusso, M.D.
Steve Gould, M.D.
Thomas Hessling, M.D.
John Hassler, M.D.
Richard Hicks, M.D. (faculty)
Paul Keith, M.D.
Haig Koshkarian, M.D.
Don Kripke, M.D.
Maria Ritter, Ph.D. (faculty)
Al Robbins, M.D.
Barbara Rosen, Ph.D. (faculty)
Sanford Shapiro, M.D. (faculty)
Stephen Silk, Ph.D. (faculty)

Life Members (Retired)

Ada Burris, M.D.
Ed Fields, M.D
Robert Nemiroff, M.D.
Marky Reynolds, LCSW
Bob Tyson, M.D.
Eduardo Val, M.D.
Friend Members

Alan Bisarya
Jill Ash
Rose Ryan

Student Members

Alison Coelho
Anne-Marie Larsen
Asher Johnson
Bernadette di Toro
Candice Turner
Che LeSeur
Chris Schmelzle
Emily Kierce
Emma Jasinski Stien
Jennifer Giovacchini
Jessica Stacy
Kye Klamser
Laura Thode
Mark Tees
Miranda Dewitte
Natalia Park
Veronica Guerra
Zohreh Kermani

Associate Members

Carol Koenigsberger, MD
Diane Strongwater, MFT
Erica Wolerman, PhD
Jonathan Ortiz
Kaushik, Renu, MD
Mittal, Reena, MD
Shari ReVille, PsyD
Somi Park Han
Stacy Goodman Eaton, MSW
APPENDIX M.

Mid-phase Criteria

These criteria for mid-phase were developed at The Columbia University Center for Psychoanalytic Training and Research. They are meant to identify a series of relatively objective features characteristic of an analytic process that has evolved into the mid-phase. They should each be easily identifiable and describable by both supervisor and candidate, and are purposefully presented in terms of core elements of clinical theory and technique without privileging any of the currently accepted more inferential and experience distant general psychoanalytic theories.

1. Frame
   - The candidate has been able to establish the analytic frame (fee, schedule, use of couch, handling of missed sessions, handling of personal questions, etc.) and the patient has been able to work relatively consistently within this frame.
   - Describe difficulties in establishing or maintaining the frame including the candidate’s understanding and technical approach to such problems.

2. Therapeutic / working alliance
   - A therapeutic / working alliance can be described and is well established— for example, the patient can collaborate with the analyst in recognizing and reflecting on resistances, regressive transference reactions, maladaptive extra-transferential behaviors, etc.
   - Describe difficulties in establishing or maintaining the therapeutic/working alliance including the candidate’s understanding and technical approach to such problems

3. Free association
   - Free association is demonstrable— the patient is able to relatively freely express whatever comes to mind including thoughts, feelings, body sensations, etc. resulting in oscillations between past and present, transferential and extra-transferential experiences, dreams, fantasies, etc.
   - The analyst is able to maintain a psychoanalytic stance that includes free floating attention, psychoanalytic listening, technical neutrality and abstinence.
   - Describe difficulties in facilitating free association and maintaining a psychoanalytic stance including the candidate’s understanding and technical approach to such problems.

4. Transference
   - Transference paradigms are clearly evident and have been interpreted
   - Analytic work focuses *predominately* on the transference. The patient uses the discussion of transference to deepen associations, to gain understanding into defensive operations, enactments, and acting out, and to broaden genetic understanding.
• Transference/countertransference enactments have been recognized and explored.

• Intense positive and negative affects in the transference have been tolerated and explored

• The impact of prescribing medication during the analysis (whether by the analyst or by a psychopharmacologist), is identified and explored with emphasis on its transference meanings.

5. Resistances
• The major forms of resistances have been consistently identified and interpreted. This includes resistance to awareness of the transference.

6. Countertransference
• Major countertransference reactions are evident to the candidate and used to better understand the patient’s unconscious processes and ultimately to interpret them.
• Analyst is sensitive to the distinction between and appropriate use of countertransference reactions that reflect the patient’s dynamics and those that reflect his/her own dynamics.

7. Working through
• The analyst understands the patient’s core dynamic constellations and recognizes them when they emerge over time in the transference and in extra-transferential material.

• The analyst repeatedly addresses these different versions of the core dynamic constellations via confrontation, clarification, and interpretation

• The analyst’s repeated interventions result in change including the patient’s deepened understanding of his/her core dynamics with shifts in defense and resistance, shifts in the transference manifestations of the core dynamic constellation, and more adaptive extra-transferential behavior and object relationships.

8. Dreams and fantasies
• Patient and analyst are able to work with dreams and conscious and unconscious fantasies using them to deepen the analytic process particularly in relation to the transference.

9. Genetic connections
• Major genetic antecedents of transference reactions and extra-transferential dynamics have begun to be understood and interpreted, and the patient is able to use them to deepen the material and further associations.
APPENDIX N.

ADULT PATIENT CONSENT FORM

Verification of Patient Informed Consent

I have requested a personal analysis with ______________________, a licensed physician, psychologist, or therapist (“My Analyst”), whose work with me will be part of My Analyst’s advanced training at the San Diego Psychoanalytic Center (SDPC). My signature on this form verifies that:

(a) I understand a senior Supervising Psychoanalyst will discuss my analysis regularly with My Analyst for the benefit of my analysis and My Analyst’s training, until My Analyst’s graduation.

(b) I have been given a copy of the brochure “About Psychoanalysis” (written by The American Psychoanalytic Association) describing psychoanalytic treatment. I have had an opportunity to discuss it and all my other questions to my satisfaction with My Analyst.

(c) My Analyst has explained to me my privacy rights under state and federal law, including HIPAA.

(d) I understand that my analysis is voluntary, that I may stop the analysis at any time, and that discussion of such a decision with My Analyst is strongly recommended. Should I decide to stop, SDPC will remain available to help with a referral. I understand that during the course of analysis I may experience some distress over what I am discovering; My Analyst will help me learn from such discoveries to promote the overall goal of emotional and personal growth.

(e) I understand that neither My Analyst nor SDPC can guarantee a particular outcome. My signature below indicates that:

1) I have read and understand the information in this consent form;

2) The psychoanalytic treatment process has been adequately explained to me by My Analyst;

3) I have had a chance to ask questions (4) I have received all the information that I desire concerning the psychoanalytic treatment process,

5) My Analyst has explained my privacy rights, and

6) I consent to participating in psychoanalytic treatment.

Signature: __________________________

Date: _______________________________

ATP/patientconsentformadult
APPENDIX O.

CHILD PATIENT CONSENT FORM

Verification of Patient Informed Consent

I have requested a personal analysis for my child with ___________________________, a licensed physician, psychologist, or therapist (“My Child's Analyst”), whose work with my child will be part of the advanced training of My Child Analyst's at the San Diego Psychoanalytic Center (SDPC). My signature on this form verifies that:

(a) I understand a senior Supervising Psychoanalyst will discuss the analysis regularly with My Child's Analyst for the benefit of my child's analysis and the training of My Child's Analyst, until My Child's Analyst graduates.

(b) I have been given a copy of the brochure “About Child and Adolescent Psychoanalysis”, written by The American Psychoanalytic Association, describing psychoanalytic treatment. I have had an opportunity to discuss it and all my other questions to my satisfaction with My Child's Analyst.

(c) My Child's Analyst has explained to me the privacy rights under state and federal law, including HIPAA.

(d) I understand that my child's analysis is voluntary, that I may stop the analysis at any time, and that discussion of such a decision with My Child's Analyst is strongly recommended. Should I decide to stop the analysis, SDPC will remain available to help with a referral. I understand that during the course of the analysis my child may experience some distress over what he/she is discovering; My Child's Analyst will help my child learn from such discoveries to promote the overall goal of emotional and personal growth.

(e) I understand that neither My Child's Analyst nor SDPC can guarantee a particular outcome.

My signature below indicates that:

(1) I have read and understand the information in this consent form;
(2) The psychoanalytic treatment process has been adequately explained to me by My Child's Analyst;
(3) I have had a chance to ask questions
(4) I have received all the information that I desire concerning the psychoanalytic treatment process,
(5) My Child's Analyst has explained the privacy rights, and
(6) I consent to my child participating in psychoanalytic treatment.

Signature: __________________________

Date: _______________________________

ATP/patientconsentformchild
APPENDIX P.

San Diego Psychoanalytic Center
Education Committee Record & Report Form for
Candidates in the Adult Psychoanalytic Training Program

Semi-Annual Report on Supervised Analysis

PERIOD COVERED BY REPORT:

CANDIDATE: 
SUPERVISOR: 
CASE # & INITIALS: 

DATE SUPERVISION BEGAN: _______ DATE ANALYSIS BEGAN: _______

<table>
<thead>
<tr>
<th>MONTH</th>
<th>NO. OF SUPERVISORY SESSIONS</th>
<th>NO. OF ANALYTIC SESSIONS</th>
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Summary of Progress case:

Please note that there are two components to the Semi-Annual Report: 1) The Candidate’s narrative which describes the analytic work itself from the Candidate’s perspective, and 2) The Supervisor’s Report which reflects the Candidate’s progress (to be submitted separately by the Supervisor).

The purposes of the Candidate’s Semi-Annual Report are a) to convey the analysand’s progress in the analysis for this period of time; and, most importantly, b) to provide the Candidate with the opportunity to demonstrate in the narrative how he or she thinks and works as an analyst. The narrative is expected to be several pages in length, not more than 4-5 pages. It is key that the Candidate demonstrate the developing, and then ongoing, analytic process in a concise and integrated manner using clinical vignettes to illustrate the major themes and developments.

The Candidate’s written narrative shall discuss the following major elements of the analytic work.

A. Brief overview/summary
B. Life circumstances and events
C. Major dynamic themes
   1) Conflicts being dealt with/what are the salient themes?
   2) Resistances
a. Describe any obstacles to therapeutic momentum
b. Describe interventions working with resistance

D. Transference developments
   1) Describe the salient transference paradigms
   2) Show interventions that deepen the transference

E. Countertransference themes: Give an example where you have been able to identify, and use countertransference to move the work forward with you patient

F. Illustrate how you and the patient work with significant dream

Candidate’s Signature:______________________________
Date:____________

Supervisor’s Signature:______________________________
Date:____________
APPENDIX Q.

SAN DIEGO PSYCHOANALYTIC CENTER
ADULT PSYCHOANALYTIC TRAINING PROGRAM

Candidate's Quarterly Report on Supervised Psychoanalysis

PERIOD COVERED BY REPORT: _____________________

<table>
<thead>
<tr>
<th>CANDIDATE:</th>
<th>SUPERVISOR:</th>
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<tr>
<th>CASE # &amp; INITIALS:</th>
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DATE SUPERVISION BEGAN: DATE ANALYSIS BEGAN:

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<tr>
<th>MONTH</th>
<th>NO. OF SUPERVISORY SESSIONS</th>
<th>NO. OF ANALYTIC SESSIONS</th>
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Summary of Progress case:

This narrative report is to be a brief (ordinarily several pages in length and not more that 4-5 pages) summary of the course of the analysis for this period of time, including major resistances, transference and countertransference themes, significant dreams, major technical difficulties, significant life changes, and the therapist's principle interventions. See student manual for a sample outline. In addition to keeping a copy of this report for your own records, one copy should be given to the Administrator and one to your supervisor.
APPENDIX R.

ADULT PSYCHONALYTIC TRAINING PROGRAM

Candidate’s Summary of Case Selection Committee’s Assessment and Findings

Student’s Name: __________________________________________
Case & Initials: ______________________

Supervisor: ______________________________________________
Date Supervision Began: ______________

Date of Case Selection Meeting: ____________________________

Those present: ____________________________________________________________________________

Brief Summary: (This approximately one page summary should include the committee’s major conclusions, recommendations, reservations, suggestions, predictions, etc.)

_____________________________________________________________________________________
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_____________________________
APPENDIX S.

Candidate Progressions Form

Candidate's Name ____________________________
Year of training ____________

Name of Analyst: ____________________________  Start Date: __________
Number of Times Per Week: _____________ End Date: _____________

Faculty Advisor ______________________________

Please note the reason for your request below (begin a case, waiver to continue training, graduation, etc.). Also, please complete the remainder of this waiver/request form, to include your most recently submitted reports.

**Purpose of Request**

- [ ] Waiver
- [ ] Permission to Begin a Case
  - [ ] First
  - [ ] Second
  - [ ] Third
  - [ ] Other (specify) __________

Request to Graduate:

Check One:  
- [ ] Adult Psychoanalytic Program
- [ ] Child Psychoanalytic Program
- [ ] Associate in Psychoanalysis

**Previous Cases**

**First Case**

Date Case Began _________________    Gender _____    Age _________

Supervisor _________________ Hours of supervision so far___________

Is the case ongoing?
□ Yes
□ No

If not, date case terminated __________________

If the case has ended, did the case reach mid-phase? ________________
Total hours of supervision _____
Reports up to date – including Initial Case Report?
□ Yes
□ No

Date last report submitted __________

Period covered on last report ________________________

If reports not up to date, when will they be submitted? _______________

(Use additional sheets as needed for all other cases)

Waiver/Case Permission Request Form
(Supplemental sheet)

Case Number __________

Date Case Began ________________ Gender _____ Age _________

Supervisor ________________ Total no of hours of supervision to date _______

Is the case ongoing?
□ Yes
□ No

If not, date case terminated ________________

If the case has ended, did the case reach mid-phase? ________________

Reports up to date – including Initial Case Report?
□ Yes
□ No

Date last report submitted ________________

Period covered on last report ________________________

If reports not up to date, when will they be submitted? ________________
Case Number __________
Date Case Began ___________________    Gender ______  Age _________
Supervisor _______________ Total number of supervision hours to date _____

Is the case ongoing?
☐ Yes
☐ No
If not, date case terminated _________________

If the case has ended, did the case reach mid-phase? _________________

Total no. of supervision hours _____
Reports up to date – including Initial Case Report?
☐ Yes
☐ No
Date last report submitted ________________
Period covered on last report ________________________
If reports not up to date, when will they be submitted? _________________

Colloquium

1st Year Colloquium Taken?
☐ Yes
☐ No

Third Year or Advanced Colloquium Taken? (Optional)
☐ Yes
☐ No

Incomplete Courses (Please list the course name below, for which you need a tutorial):
Course Name: __________________________________________________
Course Name: __________________________________________________
Course Name: __________________________________________________
APPENDIX T.

Provider Confidentiality Responsibility Form

Course/Presentation Name:

Program:

Provider & License Number:

I, (Faculty/Guest Faculty/Speaker Name), acknowledge that the entire responsibility for maintaining the confidentiality of my patients is between my patients and me. I have explained my responsibility to protect confidentiality to all of my patients as part of my privacy notice. Accepting this responsibility, I will take all necessary steps to insure that my discussion of my patients with other therapists, with SDPC faculty, or at any SDPC related programs do not identify the patient. I will also make certain that I do not release enough information about a patient, that a third party could reasonably determine the identity of the patient.

If there are any reasonable concerns that my discussion of a patient could reveal their identity, I will obtain the patient’s prior written consent releasing me to share their information. This written release, signed by the patient, will specify to whom and what I will discuss of their treatment. In such cases, I will provide the SDPC administrator with a copy of the written consent prior to my discussion of the patient.

Signature: ______________________________

Date: ______________________
APPENDIX T.

A CANDIDATE’S QUICK* REFERENCE GUIDE FOR CLINICAL CASES

Request first case
1. Candidate must be in analysis four times a week
2. Eligible to request starting first case once coursework begins in first year. Candidate required to begin first case by end of second year of coursework or must engage a supervisor (training analyst) towards acquiring first case. Waiver required for exception to this rule.
3. Send email requesting to begin first case to Michelle Spencer, Progressions, and EC with attached request form filled out. Progressions will notify you of approval to begin.
4. Select supervisor to review current cases for conversion or to discuss new case for analysis.
5. Candidate can begin counting supervisory hours once his/her case is in four times weekly psychoanalysis and the Initial Case Write-up requirement is completed. If the candidate completes the Write-up by the end of the first month, up to four hours of supervision prior to commencement of psychoanalytic treatment can count toward the total hours for the case. If the write-up is not submitted in the first month, supervisory hours will begin counting only after the write-up is submitted.

Case Write-ups for each case
1. Initial Case Write-up: Completion by the end of the first month after analytic case has begun. Supervisor reviews and discusses with candidate, then approves final version; copy sent to Michelle at the office. (Sample copy of initial case write-up in candidate’s manual. Candidate can modify sample format at personal discretion)
2. Two Quarterly Reports: One is written three months after analytic case start date; second quarterly report three months after first quarterly report. (Sample copy in candidate’s manual)
3. Semi-Annual Reports: These are reviewed and approved by each case supervisor, then turned in to Michelle. They are completed every six months starting six months from the due date of the second Quarterly Report.

Affix printed header that identifies each report, candidate, etc. (attached to this and in the candidates manual)

Request Second Case
1. Same as Request for first case above
2. Candidate must have all reports current for first case to accrue supervisory hours on second case. Progressions will notify candidate of approval to begin second case.
3. Select supervisor and proceed as outlined above.

Request Third Case
1. Same as request for first and second cases outlined above.
2. Requirement that case reports current for supervisory hours to count.

*Consult Candidate’s Manual for complete details on all these topics and concerning the Child/Adolescent Program requirements.
De Pottel, 2016
APPENDIX U.

SAMPLE OF QUARTERLY REPORT NO. 1

Candidate:
Quarterly Report No: 1
Case No:
Report Period:
Supervisor:
Date of Report:

(The following categories are a suggested format. Each candidate may choose to organize these reports in a different manner, as long as this information is included in the report. )

Conversion from Psychotherapy (if relevant)

The beginning months:

Intimate relationships:

Work relationships and Career Issues

Transference/Countertransference issues

Brief Summary of Progress

De Pottel
2016
APPENDIX W.

SAMPLE OF QUARTERLY REPORT NO. 2

Candidate: 
Quarterly Report No: 2
Case No:
Report Period:
Supervisor:
Date of Report:

(The following categories are a suggested format. Each candidate may choose to organize these reports in a different manner, as long as this information is included in the report. )

Frame, settling into treatment and any major life changes effecting treatment:

Intimate relationships:

Work relationships and Career Issues

Transference/Countertransference issues

Summary of Progress

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APPENDIX X.

SAMPLE OF SEMI-ANNUAL REPORT
Candidate:
Semi-Annual Report Dates:
Case No:
Supervisor:
Date Report Written:

(The following categories are a suggested format. Each candidate may choose to organize these reports in a different manner, as long as this information is included in the report.)

Major life changes, if any, effecting treatment during this report period:

Change in Intimate relationships:

Change in Work relationships and Career Issues:

Major Transference/Countertransference themes w/examples:

Psychoanalytic Process and progress during this report period:
De Pottel/2016